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UPPSC Health Education Officer Part-3
Edition May 2026
Published by :NODIA
An Imprint of NODIA EDITIONS LLP

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MRP ₹670.00

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Syllabus for The post of Swasthya Shiksha Adhikari

Screening Exam

Subject – Social Science Related Knowledge

1. Sociology

Health: meaning, theoretical dimensions - conflict, functional and interactionist. Health in India - rural and urban gap, malnutrition and poverty, sanitation problems.
Social dimensions of health; Social factors of health, economic status (rich vs poor), education, occupation, gender and caste, living conditions (urban vs rural).
Health and culture: food habits, hygiene practices, beliefs and behavior about disease, social responsibility towards illness.
social prejudice related to diseases (HIV, AIDS, CANCER) etc.
Health inequalities: class inequality, gender inequality, caste inequality, government policies related to health like Ayushman Bharat, NRHM and its impact on community.

2. Anthropology

Anthropology and its relevance and significance in social science; Human Variation: Tribal, Rural and Urban Population; Public Health : Definition, Parameters, Components, Human Diseases and Health, Genetic and Communicable Diseases, their eradication; Human Blood Groups : ABO, MN, Rh and their applications

3. Psychology

Meaning, methods, scope of psychology & goals, Heredity and Environment, Meaning and law of perception. Learning, Memory & forgetting – Classical & instrumental conditioning, Short-term and Long-term Memory, Causes of Forgetting, Nature & Theory of intelligence. Psychological assessment, Motivation & Personality - Psychological test, Criteria of motivated behavior, language development, Definition and type of personality. Problems of Contemporary society – Drug addiction, The Problems of aged, Stress & Health, Juvenile delinquency

4. Social psychology

Basic Human values and attitude: nature, sources and features of values. Nature, formation and function of attitudes.

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Social Control: Purpose, causes and agencies. Social Change: Problems, causes and theories.

Communication and persuasive communication: nature, theories, determinants and resistance to persuasion. Social interaction and interpersonal attraction.

Community health : Nature, types and role of community health. Nature and types of counseling, Yoga and health.

5. Political Science

Indian Constitution: preamble, fundamental rights, directive principles of state policy, fundamental duties.

Government and Politics: Parliament and state legislature- function, power, privileges; Executive- President, Prime Minister, Council of Ministers, Governor and Chief Minister.

Judiciary: Supreme Court and High Court- structure and power.

Local Self Government: Panchayat Raj/Municipalities

Constitutional bodies : Election Commission, Finance Commission, Union Public Service Commission, Comptroller and Auditor General.

Governance and Public Policy : Role of government, non-governmental organizations and civil society organisations in development of social sectors.

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6. Geography

Meaning and significance of Health geography; Geographical factors affecting human health & diseases - physical, social, economic and environmental.

Impact of environmental degradation and natural disaster on human health and its management.

Classification of genetic, communicable, non-communicable diseases. Geography of hunger, malnutrition and food security.

Pattern of distribution of major diseases worldwide and in India. Health care planning and policies of India.

7. History

Vedic Literature, Mauryan and Kushana Art, Stupa and Temple Architecture.

Significant events of Modern Indian History specially freedom struggle.

Integration of Princely States and re-organization of States after Independence.

Important events of World history between 18th and 20th century – French revolution, Industrial revolution, First and Second world war : causes and effects.

8. Economics

National income, Economic indicators - poverty, unemployment, inequality and human development index (HDI). Types of healthcare goods, role of health and education in sectoral composition.

Demography: Population, rural-urban migration and health services, malnourishment and its types and environmental health.

Health governance : role of NITI Ayog, panchayati raj Institutions and urban local bodies in health governance.

Healthcare Infrastructure: health facilities centres, rural health workforce, digital and mobile health infrastructure.

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CHAPTER 01
Indian Constitution

1. Which of the following is the most accurate description of the Indian Constitution's significance as the "fundamental law of the land"?
(A) It serves as a secondary guideline for the legislative framework of the Parliament.
(B) It is the ultimate source of authority for all branches of government.
(C) It acts as the primary interpretive guide for traditional and religious customs.
(D) It provides the specific administrative procedures for executive daily operations.

2. What term is used to define the concept that the government is limited by a set of higher laws and cannot exercise arbitrary power?
(A) Constitutionalism
(B) Totalitarianism
(C) Majoritarianism
(D) Authoritarianism

3. Match List-I (Committees of the Constituent Assembly) with List-II (Chairpersons) and select the correct answer using the code given below:
List-I: (Committees)
P. Union Constitution Committee
Q. Provincial Constitution Committee
R. Drafting Committee
S. Rules of Procedure Committee
List-II: (Chairpersons)
1. Sardar Patel
2. Jawaharlal Nehru
3. Dr. Rajendra Prasad
4. Dr. B.R. Ambedkar
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

4. Which statement is correct regarding the nature of the Constituent Assembly of India?
(A) It was directly elected by the sovereign people on the basis of adult franchise.
(B) It was a sovereign body strictly formed under the Cabinet Mission Plan mandates.
(C) It consisted entirely of representatives from the various British Indian Provinces.
(D) It functioned as a constitution-making body and a provisional parliament.

5. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Select the correct answer using the codes given below:
Assertion (A): Dr. B.R. Ambedkar is widely recognized as the 'Father of the Constitution of India'.
Reason (R): He served as the Chairman of the Drafting Committee and played a pivotal role in shaping the final text.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Identify the INCORRECT statement regarding the adoption of the Indian Constitution.
(A) The Constitution was adopted on November 26, 1949.
(B) All provisions of the Constitution came into force on the day of its adoption.
(C) The Preamble was the last part of the Constitution to be adopted by the Assembly.
(D) November 26 is celebrated in India as Constitution Day (Samvidhan Divas).

7. Which of the following is the correctly matched pair of dates and their constitutional significance?
(A) August 15, 1947 — Completion of the first draft of the Constitution
(B) November 26, 1949 — Commencement of the Constitution
(C) January 24, 1950 — Last session of the

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Constituent Assembly
(D) January 26, 1950 — Adoption of the Constitution

8. Arrange the following events in the correct chronological order:
1. Introduction of the Objective Resolution
2. Appointment of the Drafting Committee
3. Final signing of the Constitution by members
4. The first meeting of the Constituent Assembly

(A) 4-1-2-3
(B) 1-4-2-3
(C) 4-2-1-3
(D) 2-4-1-3

9. Which of the following pairs is INCORRECTLY matched with respect to the Preamble of the Indian Constitution?
(A) Sovereign — Complete political freedom and supreme authority
(B) Secular — State has no official religion and respects all faiths
(C) Republic — The Head of State is an unelected hereditary monarch
(D) Democratic — Authority derived from the will of the people

10. Consider the following statements regarding the significance of the phrase "We the People of India" in the Preamble:
I. It indicates that the ultimate sovereignty resides with the people.
II. It suggests that the Constitution was handed down to the people by the British Parliament.
III. It emphasizes the collective will of the Indian population as the source of constitutional authority.

Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II and III

11. Which of the following is NOT a feature of the "Socialist" nature of the Indian State as envisioned in the Preamble?
(A) Reducing inequalities in income and social status across all sectors.
(B) Pursuing social and economic justice for every citizen of the nation.
(C) Implementing a mixed economy where public and private sectors coexist.
(D) Total nationalization of all private property and production means.

12. In the context of the Indian Preamble, what is the most appropriate interpretation of the word "Secular"?
(A) The State is strictly anti-religious and discourages all religious practices.
(B) The State treats all religions equally with equal protection.
(C) The State maintains a rigid wall of total separation from religious affairs.
(D) Only the specific religion of the majority is recognized by the State.

13. Match List-I (Preamble Keyword) with List-II (Underlying Meaning) and select the correct answer:
List-I: (Keyword)
P. Republic
Q. Liberty
R. Equality
S. Fraternity
List-II: (Meaning)
1. Absence of special privileges to any section
2. Elected head of state
3. Sense of brotherhood among citizens
4. Absence of arbitrary restraints on individuals

(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

14. A country where the executive is responsible to the legislature and the people participate in the election of their representatives is best described as:
(A) Autocratic
(B) Oligarchic
(C) Plutocratic
(D) Democratic

15. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Select the correct answer using the codes given below:

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Assertion (A): The Preamble of the Indian Constitution provides for Social, Economic, and Political Justice.
Reason (R): Social Justice means the absence of discrimination based on caste, color, or creed.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Consider the following statements:
Statement I: The Preamble guarantees Liberty of thought, expression, belief, faith, and worship.
Statement II: Liberty in the Preamble means absolute freedom to do whatever one desires without any restrictions.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

17. The Preamble's goal of "Equality of Status and Opportunity" implies which of the following?
(A) Providing only political equality through universal voting rights.
(B) Ensuring a fair environment for citizens to develop their potential.
(C) Removing all physical and intellectual differences between individuals.
(D) Distributing all wealth equally regardless of individual work or merit.

18. Arrange the following words in the sequence they appear in the Preamble of the Indian Constitution:
1. Socialist
2. Sovereign
3. Democratic
4. Secular
5. Republic
(A) 2-1-4-3-5
(B) 2-4-1-3-5
(C) 1-2-4-5-3
(D) 2-1-3-4-5

19. Which of the following words were added to the Preamble by the 42nd Constitutional Amendment Act, 1976?
(A) Sovereign, Socialist, Secular
(B) Democratic, Republic, Unity
(C) Socialist, Secular, Integrity
(D) Liberty, Equality, Fraternity

20. Consider the following statements regarding the legal status of the Preamble:
I. In the Berubari Union case, the Supreme Court held that the Preamble is not a part of the Constitution.
II. In the Kesavananda Bharati case, the Supreme Court held that the Preamble is a part of the Constitution.
III. The Preamble can be amended under Article 368 but its 'basic features' cannot be altered.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II and III

21. Part III of the Indian Constitution, containing Articles 12 to 35, is often referred to as the:
(A) Instrument of Instructions
(B) Directive Principles of State
(C) Magna Carta of India
(D) Charter of Duties

22. Which of the following statements is correct regarding the definition of 'State' under Article 12?
(A) It includes only the Union and State governments and legislatures.
(B) It includes local authorities like municipalities and district boards.
(C) It excludes all private bodies working as an instrument of the government.
(D) It does not include statutory bodies like LIC or ONGC.

23. Match List-I (Article) with List-II (Subject Matter) and select the correct answer:
List-I: (Article)
P. Article 14
Q. Article 15
R. Article 16
S. Article 17
List-II: (Subject Matter)
1. Prohibition of discrimination
2. Abolition of untouchability
3. Equality before law

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4. Equality of opportunity in public employment

(A) P-3, Q-1, R-4, S-2
(B) P-1, Q-3, R-2, S-4
(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-4, R-3, S-1

24. Which of the following is an INCORRECT statement regarding the concept of "Equality before Law" under Article 14?
(A) It prohibits any legislative classification of persons for any purpose.
(B) It is a negative concept of British origin.
(C) It implies the absence of any special privileges in favor of any person.
(D) It means that no man is above the law.

25. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Select the correct answer using the codes given below:
Assertion (A): Article 15 prohibits the State from discriminating against any citizen on grounds only of religion, race, caste, sex, or place of birth.
Reason (R): The State is permitted to make special provisions for women and children.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

26. Which of the following pairs is correctly matched?
(A) Article 16 — Equal opportunity in public employment
(B) Article 16 — The formal abolition of all titles
(C) Article 17 — The concept of equality before law
(D) Article 18 — The abolition of untouchability

27. Which of the following pairs is INCORRECTLY matched?
(A) Article 14 — Rule of Law
(B) Article 15 — Social Equality
(C) Article 17 — Abolition of Untouchability
(D) Article 18 — Freedom of Speech

28. Which of the following is NOT an exception to the abolition of titles under Article 18?
(A) Military distinctions such as the Param Vir Chakra
(B) Hereditary titles of nobility like Maharaja
(C) Academic distinctions such as the Doctorate
(D) State awards such as the Bharat Ratna

29. What is the most appropriate reason for the inclusion of 'reasonable restrictions' on the freedoms guaranteed under Article 19?
(A) To allow the executive to function without any judicial interference.
(B) To ensure that all Fundamental Rights remain non-justiciable.
(C) To balance individual liberty with social control.
(D) To give the State absolute power during periods of peacetime.

30. Consider the following freedoms guaranteed under Article 19(1):
I. Freedom of speech and expression.
II. Freedom to assemble peacefully and without arms.
III. Freedom to move freely throughout the territory of India.
Which of the above freedoms are subject to reasonable restrictions by the State?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II and III

31. A person is tried twice for the same offense and punished. Which protection under Article 20 is being violated?
(A) Protection against Double Jeopardy
(B) Protection against Ex-post facto law
(C) Protection against Self-incrimination
(D) Right to legal counsel

32. Consider the following statements:
Statement I: Article 21 protects the right to life and personal liberty against both legislative and executive actions.
Statement II: Article 21A, providing for the right to education, was added by the 86th Constitutional Amendment Act.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.

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(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

33. Match List-I (Fundamental Right) with List-II (Article) and select the correct answer:
List-I: (Fundamental Right)
P. Prohibition of forced labor
Q. Prohibition of child labor in factories
R. Freedom of conscience
S. Freedom to manage religious affairs
List-II: (Article)
1. Article 26
2. Article 25
3. Article 24
4. Article 23
(A) P-4, Q-3, R-2, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

34. Under Article 22, every person who is arrested and detained in custody must be produced before the nearest magistrate within a period of:
(A) 12 hours
(B) 24 hours
(C) 48 hours
(D) 72 hours

35. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Select the correct answer using the codes given below:
Assertion (A): Freedom of religion under Article 25 is not absolute.
Reason (R): It is subject to public order, morality, health, and other provisions of Part III.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

36. Which of the following is the INCORRECTLY matched pair regarding cultural and educational rights?
(A) Article 29 — Protection of interests of minorities
(B) Article 30 — Right of minorities to establish educational institutions
(C) Article 30 — Includes both religious and linguistic minorities
(D) Article 29 — Only for religious minorities

37. Article 23 of the Indian Constitution specifically prohibits:
(A) Child labor in various hazardous industrial sectors.
(B) The practice of untouchability in any societal form.
(C) Traffic in human beings and 'begar'.
(D) Discrimination within public educational institutions.

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38. Article 24 of the Indian Constitution prohibits the employment of children below the age of:
(A) 12 years
(B) 14 years
(C) 16 years
(D) 18 years

39. Consider the following statements:
Statement I: Article 32 allows a citizen to move the Supreme Court for the enforcement of Fundamental Rights.
Statement II: The right to move the Supreme Court cannot be suspended even during a National Emergency.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

40. Consider the following statements regarding the Writs in India:
I. Habeas Corpus is a writ to produce a person who has been detained.
II. Mandamus is an order to a public official to perform their legal duty.
III. Quo-Warranto is issued to quash the order of a lower court.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II and III

41. Which of the following pairs is correctly matched?
(A) Certiorari — We command

(B) Prohibition — To be certified
(C) Quo-Warranto — By what authority
(D) Mandamus — To have the body

42. Which of the following pairs is INCORRECTLY matched?
(A) Quo-Warranto — Against a private individual
(B) Certiorari — Corrective and Preventive
(C) Prohibition — Preventive only
(D) Habeas Corpus — Against both State and private individuals

43. Match List-I (DPSP Concept) with List-II (Article) and select the correct answer:
List-I: (DPSP Concept)
P. Right to work and education
Q. Living wage for workers
R. Uniform Civil Code
S. Organization of Village Panchayats
List-II: (Article)
1. Article 44
2. Article 40
3. Article 41
4. Article 43
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

44. Which of the following is NOT a characteristic of the Directive Principles of State Policy?
(A) They are fundamental in the governance of the country.
(B) They are enforceable by the courts in case of violation.
(C) They aim at establishing social and economic democracy.
(D) They are directions to the State to follow certain policies.

45. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Select the correct answer using the codes given below:
Assertion (A): The Directive Principles of State Policy (DPSP) are non-justiciable.
Reason (R): The framers of the Constitution felt the country did not possess sufficient financial resources to implement them immediately.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

46. What is the most appropriate description of the relationship between Fundamental Rights and Directive Principles of State Policy (DPSP) after the Minerva Mills case?
(A) Fundamental Rights always prevail over all Directive Principles.
(B) Directive Principles always prevail over all Fundamental Rights.
(C) Directive Principles are superior as they represent the people's will.
(D) There is a harmonious balance between the two.

47. In which of the following categories of DPSP would the "Separation of Judiciary from Executive" (Article 50) fall?
(A) Liberal-Intellectual Principles
(B) Socialistic Principles
(C) Gandhian Principles
(D) Fundamental Duties

48. Consider the following statements:
Statement I: Article 44 directs the state to secure a Uniform Civil Code for all citizens throughout India.
Statement II: The Uniform Civil Code is currently implemented in all states of India.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

49. Which article of the DPSP was modified by the 86th Amendment Act to change its subject matter regarding early childhood care?
(A) Article 44
(B) Article 45
(C) Article 46
(D) Article 47

50. Consider the following regarding Fundamental Duties:
I. To safeguard public property and abjure violence.

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II. To provide opportunities for education to his child or ward between the age of 6 and 14 years.
III. To pay taxes regularly and assist the government in revenue collection.

Which of the above statement(s) is/are included in the list of Fundamental Duties under Article 51A?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II and III

51. The Fundamental Duties were incorporated in the Indian Constitution on the recommendation of which committee?
(A) Verma Committee
(B) Sarkaria Commission
(C) Swaran Singh Committee
(D) Punchhi Commission

52. What is the legal nature of Fundamental Duties in the Indian Constitution?
(A) They are justiciable and fully enforceable by the issuance of writs.
(B) They are enforceable only by a direct order from the President of India.
(C) They are automatically applicable to all citizens and foreign nationals.
(D) They are non-justiciable and cannot be enforced by courts.

53. Which statement is correct regarding the 86th Constitutional Amendment Act, 2002?
(A) It added the 10th Fundamental Duty to Article 51A.
(B) It removed the Right to Property from the list of Fundamental Rights.
(C) It added the 11th Fundamental Duty regarding education.
(D) It introduced the concept of the Basic Structure.

54. Which of the following is an INCORRECT statement regarding the Basic Structure doctrine?
(A) It was propounded by the Supreme Court in the Kesavananda Bharati Case, 1973.
(B) The term 'Basic Structure' is explicitly defined in Article 368 of the Constitution.
(C) It lists specific features that cannot be amended by the Parliament under Article 368.
(D) It acts as a limitation on the constituent power of the Parliament.

55. Under Article 368, the Indian Constitution provides for how many types of amendments?
(A) One type
(B) Two types
(C) Three types
(D) Four types

56. Which of the following pairs is INCORRECTLY matched?
(A) 1st Amendment — Fundamental Duties
(B) 42nd Amendment — Mini Constitution
(C) 44th Amendment — Right to Property removed from FR
(D) 86th Amendment — Right to Education

57. Which Fundamental Right was described by Dr. B.R. Ambedkar as the 'Heart and Soul of the Constitution'?
(A) Right to Equality
(B) Right to Freedom of Religion
(C) Right to Constitutional Remedies
(D) Right to Education

58. What is the definition of "Liberty of Belief, Faith and Worship" as mentioned in the Preamble?
(A) Freedom to follow any religion or none at all.
(B) Freedom to force others to follow one's religion.
(C) State's power to regulate all religious practices.
(D) Right to seek government employment based on faith.

59. Which of the following is a "Socialistic" Directive Principle?
(A) The formal organization of village panchayats as local units.
(B) The state promotion of cottage industries in various rural areas.
(C) The prohibition of the consumption of all intoxicating beverages.
(D) Adequate means of livelihood for all citizens.

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60. Identify the INCORRECT statement regarding the 42nd Amendment Act.
(A) It added three new words to the Preamble.
(B) It made the DPSP justiciable in courts of law.
(C) It added a new Part IVA to the Constitution.
(D) It added new Directive Principles like Article 39A and 43A.

61. Which of the following is a correct pair regarding the classification of Directive Principles of State Policy (DPSP)?
(A) Article 40 — Socialistic Principle
(B) Article 47 — Liberal-Intellectual Principle
(C) Article 43 — Gandhian Principle
(D) Article 51 — Gandhian Principle

62. Which of the following is an INCORRECT pair regarding Fundamental Rights?
(A) Article 20 — Conviction protections in certain offenses
(B) Article 21 — Protection of life and personal liberty
(C) Article 22 — Protection against arrest and detention
(D) Article 23 — Prohibiting child labor in factories

63. Which of the following is NOT a Fundamental Duty under Article 51A?
(A) To vote in public elections.
(B) To develop scientific temper and humanism.
(C) To protect and improve the natural environment.
(D) To uphold and protect the sovereignty of India.

64. What is the meaning of 'Republic' in the Indian context?
(A) The complete absence of any formal head of the state.
(B) A head of state elected for a fixed period.
(C) A system where the Prime Minister is the hereditary ruler.
(D) A system where the military controls the administration.

65. A citizen's right to move freely throughout the territory of India can be restricted on which of the following grounds?
(A) Promoting the interest of any specific dominant political party.
(B) General public interest and protection of Scheduled Tribes.
(C) Preventing the spread of specific divergent political ideologies.
(D) Ensuring the absolute dominance of a particular state language.

66. Consider the following statements:
Statement I: The Fundamental Rights are meant for promoting the ideal of political democracy.
Statement II: The Directive Principles are meant for promoting the ideal of social and economic democracy.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

67. If a law is passed by the Parliament which violates the "Basic Structure" of the Constitution, the Judiciary can:
(A) Request the Parliament to reconsider the law.
(B) Suggest amendments to the law.
(C) Declare the law as null and void.
(D) Refer the law to the President for a referendum.

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68. The concept of "Procedure Established by Law" in Article 21 was originally interpreted strictly, but which case introduced the requirement of "Due Process"?
(A) A.K. Gopalan Case
(B) Golaknath Case
(C) Shankari Prasad Case
(D) Maneka Gandhi Case

69. What is the total number of Fundamental Duties currently listed in the Indian Constitution?
(A) 8
(B) 10
(C) 11
(D) 12

70. Which of the following is a correct statement regarding Article 16?
(A) It provides for equality of opportunity in private employment.
(B) Reservation for backward classes with inadequate representation.
(C) It prohibits any residency requirement for state employment.

(D) It applies to both citizens and non-citizens.

71. Identify the INCORRECT statement regarding Article 25.
(A) It guarantees freedom of conscience.
(B) It includes the right to propagate one's religion.
(C) It allows the state to regulate secular activities associated with religious practice.
(D) It gives a right to convert others to one's religion by force or fraud.

72. Which of the following is a correct pair?
(A) Article 13 — Judicial Review
(B) Article 32 — Power of High Courts to issue writs
(C) Article 226 — Power of Supreme Court to issue writs
(D) Article 368 — Preamble is not amendable

73. Which of the following is an INCORRECT pair regarding the Preamble's types of Justice?
(A) Social Justice — Equal treatment of all citizens without social distinction
(B) Economic Justice — Non-discrimination between people on the basis of economic factors
(C) Religious Justice — State must promote the majority religion
(D) Political Justice — All citizens have equal political rights

74. Which of the following is NOT included in the right to freedom under Article 19?
(A) Right to acquire, hold and dispose of property.
(B) Right to form associations or unions.
(C) Right to practice any profession or to carry on any occupation.
(D) Right to reside and settle in any part of the territory of India.

75. What is the most appropriate description of the Preamble?
(A) It is the source of all powers of the government.
(B) It is a prohibition upon the powers of the legislature.
(C) It is an enforceable part of the Constitution in a court of law.
(D) It is the key to the minds of the makers of the Constitution.

76. In the context of Fundamental Rights, the requirement that restrictions be "reasonable" implies that:
(A) Only the Parliament can restrict Fundamental Rights.
(B) The State must prove the reasonableness of restrictions.
(C) Citizens must prove their eligibility to enjoy rights.
(D) Rights are only for those who perform their duties.

77. Consider the following statements:
Statement I: Fundamental Rights are defended and guaranteed by the Supreme Court.
Statement II: A person can go directly to the Supreme Court for the violation of his Fundamental Rights.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

78. Which of the following is an example of the application of the concept found in Article 17?
(A) Establishing special schools for children with disabilities.
(B) Reserving seats in Parliament for women.
(C) Abolishing the title of 'Sir' given by the British.
(D) Enacting civil rights laws to punish untouchability.

79. Which of the following is a factual statement about the Preamble?
(A) The Preamble has been amended only once so far.
(B) The Preamble was drafted by Dr. B.R. Ambedkar.
(C) The Preamble is justiciable in nature.
(D) The Preamble was adopted on August 15, 1947.

80. What is the definition of 'Fraternity' as used in the Preamble?
(A) A system of government by the people.
(B) Common brotherhood and unity among all Indians.
(C) The power to make laws for the territory.
(D) The equality of all religions before the law.

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81. Which statement correctly describes the enforcement of the Indian Constitution?
(A) The entire Constitution was strictly enforced on November 26, 1949.
(B) January 26 commemorates the Purna Swaraj declaration.
(C) The Independence Act of 1947 governed India after January 26, 1950.
(D) The Assembly became the permanent Parliament on January 26, 1950.

82. Which of the following is an INCORRECT statement about Fundamental Duties?
(A) They can be enforced by the writ of Mandamus.
(B) They were not part of the original Constitution.
(C) They apply only to citizens of India.
(D) They serve as a warning against anti-social activities.

83. Which of the following pairs correctly links an Article to its objective?
(A) Article 39A — Equal justice and free legal aid
(B) Article 40 — Uniform Civil Code
(C) Article 41 — Organization of village panchayats
(D) Article 44 — Promotion of international peace

84. Which of the following pairs INCORRECTLY links a Writ to its literal meaning?
(A) Mandamus — We command
(B) Habeas Corpus — To have the body of
(C) Prohibition — To forbid
(D) Quo-Warranto — To be certified

85. Which of the following is a "negative" right (imposing a restriction on state power) in the Indian Constitution?
(A) The established Right to Education for children.
(B) The fundamental Right to Constitutional Remedies.
(C) Article 14 (No denial of equality to any person).
(D) The basic right to freedom of religion for all.

86. What is the most appropriate reason why Directive Principles of State Policy (DPSP) were made non-justiciable?
(A) They are not considered important for the governance of the country.
(B) The State lacked financial capacity for legal implementation.
(C) They were intended only as decorative moral slogans for the public.
(D) To ensure the supremacy of the Judiciary over the National Legislature.

87. Which requirement is necessary for the Parliament to amend the Constitution under Article 368?
(A) Approval from the Supreme Court before passing the bill.
(B) Simple majority in the Rajya Sabha only.
(C) Consensus from all political parties.
(D) A special majority in both Houses of Parliament.

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88. Consider the following statements:
Statement I: The 42nd Amendment is known as the "Mini-Constitution".
Statement II: It brought about the most comprehensive changes to the Constitution.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

89. If a state government refuses to implement a Central law during a national emergency, it may lead to:
(A) A violation of Directive Principles of State Policy (DPSP).
(B) The suspension of Article 21.
(C) A failure of constitutional machinery under Article 356.
(D) The immediate abolition of the state legislature.

90. Which of the following is a fact regarding Article 32?
(A) It is a Fundamental Right in itself.
(B) It can be invoked for the enforcement of DPSP.
(C) It can be used to challenge a violation of a statutory right.

(D) It is only available to the citizens of India.

91. What is the definition of "Double Jeopardy" under Article 20?
(A) Being tried for two different crimes at the same time.
(B) Prosecution by two different courts for two different acts.
(C) The right of the state to appeal against an acquittal.
(D) Being punished twice for the same offense.

92. Which statement correctly describes the "Basic Structure" doctrine?
(A) It allows the Parliament to change any part of the Constitution.
(B) It keeps the core identity of the Constitution intact.
(C) It was established in the earlier Shankari Prasad case.
(D) It gives the President power to veto constitutional amendments.

93. Which of the following is an INCORRECT statement regarding "Equality" in the Preamble?
(A) It includes civic equality.
(B) It includes economic equality.
(C) It includes religious equality only.
(D) It includes political equality.

94. Which of the following is a correct pair matching a Directive Principle of State Policy (DPSP) with its nature?
(A) Article 44 (Uniform Civil Code) — Socialistic Principle
(B) Article 39 (Equitable distribution) — Liberal Principle
(C) Article 40 (Panchayats) — Liberal Principle
(D) Article 46 (Interests of SC/ST) — Gandhian Principle

95. Which of the following is an INCORRECT pair matching an event with the associated personality?
(A) Chairman of Drafting Committee — Dr. B.R. Ambedkar
(B) Constitutional Advisor — Sir B.N. Rau
(C) President of Assembly — Dr. Rajendra Prasad
(D) Objective Resolution Mover — Sardar Patel

96. Which of the following is a negative provision (prohibiting an action) found in Article 15?
(A) All citizens shall have the right to move freely across the nation.
(B) No citizen shall be discriminated against on specific grounds.
(C) The state shall provide free education for children of all ages.
(D) Citizens must protect and improve the various natural environments.

97. What is the most significant outcome of the 86th Amendment Act?
(A) The Right to Property was established as a legal right.
(B) Education became a Right, a DPSP, and a Duty.
(C) Secularism was added to the Preamble of the Constitution.
(D) The voting age was reduced to 18 years for all citizens.

98. Which requirement does a writ of Quo-Warranto test?
(A) The legality of a person's claim to a public office.
(B) The jurisdiction of a lower court to hear a case.
(C) The efficiency of a government department.
(D) The validity of a legislative act.

99. Consider the following statements:
Statement I: The Preamble is a source of power to the legislature.
Statement II: The Preamble is a limitation upon the powers of the legislature.
Which of the following is correct?
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both Statement I and Statement II are true.
(D) Both Statement I and Statement II are false.

100. A law that provides for the protection of monuments of national importance is an application of which of the following?
(A) Article 18 of Fundamental Rights.
(B) Article 51A of Fundamental Duties.
(C) Article 32 of Constitutional Remedies.
(D) Article 49 of DPSP.

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ANSWERS

1. (B) It is the ultimate source of authority for all branches of government.
The Constitution functions as the supreme legal framework of the country, governing the relationship between the people and various state organs. It defines the structure and functions of the legislature, executive, and judiciary. Since all laws and government actions must align with its provisions, it serves as the ultimate source of authority for every branch.

2. (A) Constitutionalism
Constitutionalism is a core political concept advocating for a system where government authority is defined and limited by a supreme law. It prevents the exercise of arbitrary power by ensuring that officials act within prescribed legal boundaries. This principle protects individual liberties by placing legal checks on the state, distinguishing it from authoritarian or totalitarian regimes.

3. (A) P-2, Q-1, R-4, S-3
The Constituent Assembly utilized various committees to draft the Indian Constitution effectively. Jawaharlal Nehru chaired the Union Constitution Committee, while Sardar Patel led the Provincial Constitution Committee. Dr. B.R. Ambedkar headed the Drafting Committee, which was responsible for finalizing the text. Dr. Rajendra Prasad presided over the Rules of Procedure Committee to manage administrative proceedings.

4. (D) It functioned as a constitution-making body and a provisional parliament.
The Constituent Assembly served a dual role in the transition to an independent nation. Primarily, it was tasked with drafting the Constitution for free India. Additionally, it functioned as the country's first provisional parliament until the first general elections. This allowed the body to enact ordinary laws while simultaneously debating and finalizing the supreme legal framework of the nation.

5. (A) Both A and R are true and R is the correct explanation of A.
Dr. B.R. Ambedkar is celebrated as the Father of the Indian Constitution because of his profound leadership and intellect. As the Chairman of the Drafting Committee, he was instrumental in synthesizing various viewpoints and drafting the final legal text. His pivotal role in structuring the document justifies the title, making the reason a direct and accurate explanation of the assertion.

6. (B) All provisions of the Constitution came into force on the day of its adoption.
While the Constitution was formally adopted on November 26, 1949, only specific provisions became effective immediately. These included articles related to citizenship, elections, and provisional parliament. The majority of the document, including fundamental rights and directive principles, came into force on January 26, 1950. This distinction marks the difference between the dates of adoption and commencement.

7. (C) January 24, 1950 — Last session of the Constituent Assembly
The Constituent Assembly held its final session on January 24, 1950, during which members signed the final document. On this date, the assembly also elected Dr. Rajendra Prasad as India's first President. The Constitution was officially adopted earlier on November 26, 1949, and its full commencement occurred on January 26, 1950, marking the Republic Day.

8. (A) 4-1-2-3
The constitutional journey began with the first meeting of the Constituent Assembly on December 9, 1946. Jawaharlal Nehru introduced the Objectives Resolution shortly after, on December 13, 1946. The Drafting Committee was appointed later, on August 29, 1947, under Ambedkar's chairmanship. Finally, the members signed the completed Constitution on January 24, 1950, before its official commencement.

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9. (C) Republic — The Head of State is an unelected hereditary monarch
In a republic, the head of state is an elected official rather than an unelected hereditary monarch. This signifies that political sovereignty resides with the people, and public offices are open to all citizens without discrimination. This contrasts with a monarchy where authority is inherited. The Indian Republic ensures that the President is elected through an indirect process.

10. (C) I and III only
The phrase "We the People of India" emphasizes that the Constitution was enacted by Indians themselves through their representatives. It establishes that ultimate sovereignty resides with the people, not an external power like the British Parliament. This collective will serves as the primary source of authority for the document, ensuring that the government is accountable to its citizens.

11. (D) Total nationalization of all private property and production means.
Indian socialism is specifically characterized as democratic socialism rather than state socialism. This model aims to end poverty, ignorance, and inequality of opportunity through a mixed economy where both public and private sectors coexist. It does not advocate for the total nationalization of all private property or the complete elimination of private ownership in the national economy.

12. (B) The State treats all religions equally with equal protection.
Secularism in the Indian context signifies a positive concept where the state maintains a neutral stance toward all religions. Instead of a rigid separation or anti-religious attitude, the state treats all faiths equally and provides them with equal protection. This ensures that no specific religion is favored or established as the official state religion by the government authorities.

13. (A) P-2, Q-4, R-1, S-3
The Preamble contains keywords that define the Indian state's character. A republic implies an elected head of state, while liberty ensures the absence of arbitrary restraints on individuals. Equality signifies the absence of special privileges for any section of society. Fraternity promotes a sense of brotherhood among all citizens, fostering national unity and the dignity of every single individual.

14. (D) Democratic
A democratic system is defined by the participation of citizens in the selection of their representatives and the accountability of the government. In such a framework, the executive remains responsible to the legislature, which represents the people's will. This ensures that power is derived from the consent of the governed rather than from hereditary right, wealth, or military force.

15. (B) Both A and R are true but R is not the correct explanation of A.
The Preamble provides for social, economic, and political justice to ensure a fair society. Social justice specifically focuses on the equal treatment of all citizens without any social distinction based on factors like caste, color, or creed. While both statements are factual, the definition of social justice does not fully explain the broader concept of providing three types of justice.

16. (A) Statement I is true, but Statement II is false.
The Preamble guarantees liberty of thought, expression, belief, faith, and worship as essential for the development of individuals. however, this liberty is not absolute and does not mean a license to do anything one likes. It is subject to reasonable restrictions defined within the Constitution itself to ensure that the exercise of rights does not harm the larger interests.

17. (B) Ensuring a fair environment for citizens to develop their potential.
Equality of status and opportunity signifies that all citizens must have a fair and equal environment to develop their potential. It aims to remove artificial barriers and provide equal starting points for everyone. This concept does not suggest an equal distribution of wealth regardless of effort, nor does it attempt to eliminate the natural physical or intellectual differences between various individuals.

18. (A) 2-1-4-3-5
The words in the Preamble follow a specific constitutional sequence that defines the nature of the Indian State. It declares India to be a Sovereign,

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Socialist, Secular, Democratic Republic. This order was finalized after the 42nd Amendment Act of 1976 added the terms 'Socialist' and 'Secular'. Maintaining this exact order is crucial for understanding the foundational philosophy of the nation.

19. (C) Socialist, Secular, Integrity
The 42nd Constitutional Amendment Act of 1976 introduced significant changes to the Preamble to better reflect the nation's goals. It added three specific words: Socialist, Secular, and Integrity. These additions were intended to clarify the state's commitment to social and economic equality, religious neutrality, and the preservation of national unity. This remains the only time the Preamble has been amended.

20. (D) I, II and III
The legal status of the Preamble evolved through several landmark Supreme Court judgments. Initially, the court viewed it as separate from the Constitution, but later corrected this in the Kesavananda Bharati case. It is now established as an integral part of the document that can be amended under Article 368, provided that its basic features remain unchanged and fully intact.

21. (C) Magna Carta of India
Part III of the Constitution contains a comprehensive list of Fundamental Rights that are justiciable in nature. This section is often called the Magna Carta of India because it provides extensive and detailed protections for individual liberties. It serves as a shield against the arbitrary exercise of state power, ensuring that the basic rights of all citizens are legally guaranteed.

22. (B) It includes local authorities like municipalities and district boards.
Article 12 provides a broad definition of 'State' to ensure that Fundamental Rights can be enforced against various authorities. It includes the executive and legislative organs of the Union and State governments. Additionally, it encompasses all local authorities like municipalities or district boards and other statutory or non-statutory bodies that perform public functions or act as instruments of the government.

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23. (A) P-3, Q-1, R-4, S-2
Articles 14 to 17 establish the foundation of equality in India through specific provisions. Article 14 ensures equality before the law, while Article 15 prohibits discrimination on various grounds. Article 16 guarantees equal opportunity in public employment for all citizens. Finally, Article 17 formally abolishes the practice of untouchability and forbids its practice in any form within the Indian society.

24. (A) It prohibits any legislative classification of persons for any purpose.
The principle of equality before the law does not mean that all laws must be universal in their application. It allows the legislature to classify persons or groups for legitimate purposes, provided the classification is reasonable and not arbitrary. This ensures that different classes of people can be treated differently by the law if their circumstances are fundamentally distinct from one another.

25. (B) Both A and R are true but R is not the correct explanation of A.
Article 15 prohibits discrimination by the state against citizens based solely on religion, race, caste, sex, or place of birth. However, the state is simultaneously empowered to make special provisions for vulnerable groups like women and children. While both statements are constitutionally correct, the provision for women is an exception to the general rule rather than a direct logical explanation.

26. (A) Article 16 — Equal opportunity in public employment
Article 16 is a vital component of the right to equality, specifically focusing on matters of public employment. It ensures that every citizen has an equal opportunity to apply for and hold offices under the state. While other articles like 17 and 18 deal with untouchability and titles, Article 16 focuses on preventing discrimination in the government's recruitment and promotion processes.

27. (D) Article 18 — Freedom of Speech
The Constitution contains specific articles to protect various rights and principles. Article 14 establishes the rule of law, while Article 15 promotes social equality by prohibiting

discrimination. Article 17 is dedicated to the abolition of untouchability. However, freedom of speech is guaranteed under Article 19, whereas Article 18 deals with the abolition of titles to maintain a classless society.

28. (B) Hereditary titles of nobility like Maharaja
Article 18 prohibits the state from conferring any titles except for military or academic distinctions. This means that hereditary titles of nobility, which were common during the colonial and princely eras, are strictly forbidden as they violate the principle of social equality. However, awards like the Bharat Ratna or military honors are not considered titles within the scope of this prohibition.

29. (C) To balance individual liberty with social control.
Fundamental Rights are not absolute and are subject to reasonable restrictions to maintain a balance between individual freedom and social interests. These restrictions allow the state to protect public order, national sovereignty, and morality. This ensures that the exercise of rights by one individual does not infringe upon the rights of others or compromise the collective security and well-being of society.

30. (D) I, II and III
The freedoms guaranteed under Article 19(1), including speech, assembly, and movement, are not absolute rights. The State is empowered to impose reasonable restrictions on these freedoms based on specific grounds such as the sovereignty of India, public order, or decency. This ensures that individual liberties are exercised in a manner that does not jeopardize the peace, security, or interests of the general public.

31. (A) Protection against Double Jeopardy
Article 20 provides protection against the arbitrary and excessive punishment of individuals. One of its key components is the protection against double jeopardy, which states that no person shall be prosecuted and punished for the same offense more than once. This ensures finality in legal proceedings and prevents the state from harassing a person through repeated trials for a single criminal act.

32. (C) Both Statement I and Statement II are true.
Article 21 is a fundamental pillar of the Constitution, protecting life and personal liberty from arbitrary state action. The 86th Amendment Act of 2002 further expanded these protections by inserting Article 21A, which makes free and compulsory education a fundamental right for children. Both provisions reflect the state's commitment to ensuring the dignity and development of every individual within the nation.

33. (A) P-4, Q-3, R-2, S-1
The Constitution prohibits exploitation and protects religious freedom through several specific articles. Article 23 forbids human trafficking and forced labor, while Article 24 prohibits child labor in hazardous environments. Regarding religion, Article 25 guarantees the freedom of conscience and individual practice, whereas Article 26 provides the right for religious denominations to manage their own religious affairs and institutional properties.

34. (B) 24 hours
Article 22 provides essential procedural safeguards for persons who are arrested and detained. It mandates that every arrested individual must be produced before the nearest magistrate within twenty-four hours of their arrest. This period excludes the time necessary for the journey from the place of arrest to the court. This rule prevents prolonged and unauthorized detention by the police or executive authorities.

35. (A) Both A and R are true and R is the correct explanation of A.
Freedom of religion under Article 25 allows individuals to profess, practice, and propagate their faith. However, this right is not absolute and can be restricted by the state on grounds of public order, morality, and health. The state also retains the power to regulate secular activities associated with religious practices. Therefore, the assertion and the reason are both true and logically connected.

36. (D) Article 29 — Only for religious minorities
Article 29 is designed to protect the distinct language, script, or culture of any section of citizens residing in India. Unlike some other provisions, it is not restricted only to religious

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minorities but applies to any group with a unique cultural identity. Article 30 specifically gives both religious and linguistic minorities the right to establish and administer educational institutions of their choice.

37. (C) Traffic in human beings and 'begar'.
Article 23 is a critical provision aimed at protecting individuals from exploitation by either the state or private persons. It specifically prohibits the trafficking of human beings and 'begar', which refers to forms of forced labor without payment. By making these practices a punishable offense, the Constitution seeks to uphold the dignity of the individual and eliminate dehumanizing social and economic practices.

38. (B) 14 years
Article 24 is a protective provision that prohibits the employment of children below the age of fourteen years in any factory, mine, or other hazardous occupations. This right against exploitation is intended to ensure the safety, health, and development of children. It aligns with the constitutional goal of providing a conducive environment for the growth and education of the younger generation.

39. (A) Statement I is true, but Statement II is false.
Article 32 is a unique fundamental right that empowers citizens to approach the Supreme Court directly for the enforcement of their rights. However, the right to move the court for this purpose can be suspended by the President during a National Emergency under Article 359. While the right to life remains protected, the judicial remedy for its enforcement may be temporarily unavailable.

40. (A) I and II only
Writs are powerful judicial tools for protecting fundamental rights. Habeas corpus ensures that a detained person is brought before a court, while mandamus directs public officials to perform their legal duties. However, quo-warranto is used to inquire into the legality of a person's claim to a public office, rather than to quash orders from lower courts, which is the function of certiorari.

41. (C) Quo-Warranto — By what authority
The names of the writs are derived from Latin terms that describe their specific legal functions. Quo-Warranto literally means "by what authority" and is used to challenge the right of a person to hold a public office. In contrast, Mandamus means "we command," Certiorari means "to be certified," and Habeas Corpus means "to have the body," each serving a distinct purpose.

42. (A) Quo-Warranto — Against a private individual
Different writs have specific scopes of application regarding who they can be issued against. Habeas corpus can be issued against both the state and private individuals. However, the writ of quo-warranto can only be issued against a person holding a public office of a permanent character created by statute or the Constitution. It cannot be issued against a purely private individual.

43. (A) P-3, Q-4, R-1, S-2
The Directive Principles include various socio-economic goals for the state to achieve. Article 40 mandates the organization of village panchayats as units of self-government. Article 41 focuses on the right to work and education in certain cases. Article 43 emphasizes a living wage for workers, while Article 44 directs the state to endeavor toward securing a Uniform Civil Code for all citizens.

44. (B) They are enforceable by the courts in case of violation.
Directive Principles are fundamental in the governance of the country and aim to establish social and economic democracy. Unlike Fundamental Rights, they are non-justiciable, meaning they cannot be enforced by any court of law if the state fails to implement them. They serve as moral and political instructions to the government to guide the creation of laws and public policies.

45. (A) Both A and R are true and R is the correct explanation of A.
The framers made the Directive Principles non-justiciable primarily because the newly independent nation lacked the necessary financial and material resources to implement them immediately. Additionally, the vast diversity and backwardness of the country at that time made compulsory enforcement impractical. Instead, they were intended to be implemented gradually through legislative and executive actions as the nation progressed and resources grew.

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46. (D) There is a harmonious balance between the two.
The relationship between Fundamental Rights and Directive Principles has been refined by judicial interpretations over time. In the Minerva Mills case, the Supreme Court ruled that the Constitution is founded on the bedrock of a harmonious balance between the two. neither is inherently superior to the other; they must be implemented together to achieve the goal of a welfare state and social justice.

47. (A) Liberal-Intellectual Principles
Directive Principles are often categorized into socialistic, Gandhian, and liberal-intellectual principles based on their underlying ideology. Article 50, which directs the state to separate the judiciary from the executive in public services, is classified as a liberal-intellectual principle. This separation is considered essential for ensuring the independence of the judiciary and upholding the rule of law in a modern democratic state.

48. (A) Statement I is true, but Statement II is false.
Article 44 is a directive principle that encourages the state to secure a Uniform Civil Code for all citizens throughout India. It aims to replace personal laws based on religion with a common set of rules governing marriage, divorce, and inheritance. Although it is a constitutional goal, it has not yet been implemented uniformly across all states in the country at this time.

49. (B) Article 45
Article 45 originally dealt with free and compulsory education for children. However, the 86th Constitutional Amendment Act of 2002 changed its subject matter after making education a fundamental right under Article 21A. The modified Article 45 now directs the state to provide early childhood care and education for all children until they complete the age of six years, emphasizing early development.

50. (A) I and II only
Fundamental Duties were added to remind citizens of their responsibilities toward the nation. Safeguarding public property and abjuring violence are essential duties listed under Article 51A. Additionally, the duty to provide educational opportunities to children aged six to fourteen was added by the 86th Amendment. However, paying taxes is not currently listed as a fundamental duty in the Indian Constitution's specific list.

51. (C) Swaran Singh Committee
The inclusion of Fundamental Duties in the Constitution was recommended by the Swaran Singh Committee during the internal emergency in 1976. The committee suggested that citizens should have certain obligations in exchange for the rights they enjoy. Based on these recommendations, the 42nd Amendment Act incorporated a new Part IVA and Article 51A, listing the fundamental duties for all Indian citizens.

52. (D) They are non-justiciable and cannot be enforced by courts.
Fundamental Duties are non-justiciable in nature, meaning that the Constitution does not provide for their direct enforcement by the courts through writs. There is no legal penalty for their violation unless a specific law is enacted by Parliament to punish certain acts. They serve as moral obligations and a constant reminder to citizens to uphold the values and integrity of the nation.

53. (C) It added the 11th Fundamental Duty regarding education.
The 86th Constitutional Amendment Act of 2002 introduced a significant change by adding the eleventh fundamental duty to Article 51A. This duty requires every parent or guardian to provide opportunities for education to their child or ward between the ages of six and fourteen years. This addition was part of a larger effort to ensure universal access to education across the country.

54. (B) The term 'Basic Structure' is explicitly defined in Article 368 of the Constitution.
The Basic Structure doctrine is a judicial innovation and is not explicitly mentioned or defined anywhere in the text of the Constitution. It was established by the Supreme Court to prevent the Parliament from using its amending power under Article 368 to destroy the essential features or core identity of the document. This doctrine serves as a vital check on the government's legislative authority.

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55. (B) Two types
Article 368 specifically outlines two types of amendments to the Constitution. The first type requires a special majority in both Houses of Parliament. The second type requires a special majority along with ratification by half of the state legislatures for provisions affecting the federal structure. Although some parts can be changed by a simple majority, those are not considered amendments under Article 368.

56. (A) 1st Amendment — Fundamental Duties
Various constitutional amendments have shaped the Indian legal landscape. The 42nd Amendment is called the 'Mini-Constitution' due to its vast scope, while the 44th Amendment removed the Right to Property from the list of Fundamental Rights. The 86th Amendment introduced the Right to Education. However, Fundamental Duties were added by the 42nd Amendment in 1976, not the 1st Amendment in 1951.

57. (C) Right to Constitutional Remedies
Dr. B.R. Ambedkar famously described the Right to Constitutional Remedies, found in Article 32, as the 'Heart and Soul of the Constitution'. He believed that without a mechanism to enforce fundamental rights, the rights themselves would be meaningless. This article empowers citizens to approach the Supreme Court directly, making the judiciary the protector and guarantor of the basic liberties of all individuals.

58. (A) Freedom to follow any religion or none at all.
The Preamble promises liberty of belief, faith, and worship to all citizens. This signifies that every individual has the freedom to follow any religion of their choice or to follow no religion at all. It ensures that the state does not impose any particular faith and protects the right of citizens to practice their personal spiritual convictions without any interference or coercion.

59. (D) Adequate means of livelihood for all citizens.
Socialistic principles in the DPSP aim to provide social and economic justice and minimize inequalities. Article 39(a) directs the state to ensure that all citizens, men and women equally, have the right to an adequate means of livelihood. This reflects the goal of establishing a welfare state. In contrast, panchayats and cottage industries are Gandhian principles, and prohibiting intoxicants also falls under Gandhian goals.

60. (B) It made the DPSP justiciable in courts of law.
The 42nd Amendment Act of 1976 brought extensive changes, including adding words like 'Secular' to the Preamble and introducing Fundamental Duties in Part IVA. It also added new Directive Principles regarding legal aid and workers' participation. However, it did not make the Directive Principles justiciable; they remained legally non-enforceable instructions to the state, even though their importance in governance was emphasized.

61. (C) Article 43 — Gandhian Principle
The Directive Principles are often categorized by their ideology. Article 43 is a Gandhian principle as it promotes cottage industries on an individual or cooperative basis in rural areas. Article 40, concerning village panchayats, is also Gandhian. In contrast, Article 47 includes socialistic health goals, and Article 51, concerning international peace, is considered a liberal-intellectual principle rather than a Gandhian one.

62. (D) Article 23 — Prohibiting child labor in factories
Article 23 and Article 24 are distinct provisions under the right against exploitation. Article 23 prohibits trafficking in human beings and forced labor like 'begar'. Article 24 specifically prohibits the employment of children below fourteen years in factories, mines, or hazardous activities. Therefore, a statement claiming that Article 23 prohibits child labor in factories is incorrect, as that is the specific focus of Article 24.

63. (A) To vote in public elections.
Fundamental Duties listed under Article 51A include respecting the national flag, protecting the environment, and developing a scientific temper. While participating in the democratic process is important, voting in public elections is not currently included as a fundamental duty in the Constitution. It is a legal or political right and responsibility, but it does not carry the status of a constitutional fundamental duty.

64. (B) A head of state elected for a fixed period.
In the Indian context, the term 'Republic' signifies that the head of the state is not a hereditary

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monarch but an elected individual. The President of India is elected indirectly for a fixed term of five years. This concept also implies that all public offices are open to every citizen and that political sovereignty is vested in the people rather than a single ruler.

65. (B) General public interest and protection of Scheduled Tribes.
The right to move freely throughout India is a fundamental right under Article 19. However, the state can impose reasonable restrictions in the interest of the general public or for the protection of the interests of any Scheduled Tribe. Such restrictions are often necessary to preserve the unique culture, language, and social customs of tribal communities or to maintain public order and safety.

66. (C) Both Statement I and Statement II are true.
Fundamental Rights and Directive Principles serve complementary roles in the Indian Constitution. Fundamental Rights primarily aim to establish political democracy by protecting individual liberties from state interference. In contrast, Directive Principles are intended to promote the ideals of social and economic democracy by guiding the state to create a welfare society. Both are essential for the holistic development and progress of the nation.

67. (C) Declare the law as null and void.
According to the Basic Structure doctrine, the judiciary has the power to review constitutional amendments passed by the Parliament. If a law or amendment is found to violate the essential features of the Constitution, such as secularism or judicial review, the Supreme Court can declare it null and void. This ensures that the Parliament cannot use its power to alter the core identity.

68. (D) Maneka Gandhi Case
Originally, Article 21 was interpreted narrowly in the A.K. Gopalan case, focusing only on whether the state followed a validly enacted law. However, in the Maneka Gandhi case, the Supreme Court expanded this by introducing the concept of "Due Process." This requires that any law depriving a person of life or liberty must also be fair, just, and reasonable, not just legally enacted.

69. (C) 11
The original Constitution did not contain any Fundamental Duties. Ten duties were initially added by the 42nd Amendment Act in 1976. Later, the 86th Amendment Act of 2002 added an eleventh duty regarding the education of children. Currently, there are a total of eleven fundamental duties listed under Article 51A, which citizens are expected to follow to help build a better nation.

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70. (B) Reservation for backward classes with inadequate representation.
Article 16 guarantees equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State. While it prohibits discrimination, it also empowers the state to make provisions for the reservation of appointments or posts in favor of any backward class of citizens which, in the state's opinion, is not adequately represented in the services under the State government.

71. (D) It gives a right to convert others to one's religion by force or fraud.
Article 25 guarantees the freedom of conscience and the right to freely profess, practice, and propagate religion. While it includes the right to spread the tenets of one's faith, it does not include a fundamental right to convert another person by force, fraud, or allurement. Such actions infringe upon the freedom of conscience of the individual being converted and can be restricted.

72. (A) Article 13 — Judicial Review
Article 13 is a crucial provision that establishes the basis for judicial review in India. It declares that all laws that are inconsistent with or in derogation of any of the fundamental rights shall be void. This empowers the judiciary to protect the basic rights of citizens. In contrast, Article 32 gives writ powers to the Supreme Court, and Article 226 to High Courts.

73. (C) Religious Justice — State must promote the majority religion
The Preamble of the Indian Constitution explicitly mentions three types of justice: social, economic, and political. Social justice involves equal treatment without social distinctions, while economic justice focuses on reducing wealth inequalities. Political justice ensures

equal political rights for all citizens. However, "religious justice" is not a term used in the Preamble, as the document uses the concept of secularism to address religious matters.

74. (A) Right to acquire, hold and dispose of property.
Article 19(1) originally included seven freedoms, one of which was the right to acquire, hold, and dispose of property. However, the 44th Amendment Act of 1978 deleted this specific right from the list of fundamental freedoms. It is now a legal right under Article 300A. The other freedoms, such as forming associations, practicing professions, and moving or residing throughout India, remain protected.

75. (D) It is the key to the minds of the makers of the Constitution.
The Preamble is considered the key to the minds of the makers of the Constitution as it embodies the fundamental values and philosophy upon which the document is built. It is neither a source of power nor a limitation on the legislature and is not enforceable in a court of law. However, it provides vital guidance for interpreting the various provisions of the Constitution.

76. (B) The State must prove the reasonableness of restrictions.
When the state imposes restrictions on fundamental rights, those restrictions must be "reasonable." This means the state bears the burden of proving that the limitations are necessary, balanced, and serve a legitimate public interest. The judiciary has the power to examine the reasonableness of these restrictions to ensure they are not arbitrary or excessive, thus protecting citizens from the misuse of state power.

77. (C) Both Statement I and Statement II are true.
Fundamental Rights are justiciable, and the Supreme Court acts as their defender and guarantor. Article 32 itself is a fundamental right that allows an individual to approach the Supreme Court directly if any of their rights are violated. This direct access, without having to go through lower courts first, highlights the high level of protection accorded to basic liberties in the Indian system.

78. (D) Enacting civil rights laws to punish untouchability.
Article 17 of the Constitution formally abolishes "Untouchability" and forbids its practice in any form. To give effect to this provision, Parliament enacted the Untouchability (Offenses) Act, later renamed the Protection of Civil Rights Act. This law provides penalties for anyone who prevents others from entering public places or using public facilities based on caste-based discrimination, thus applying the constitutional mandate.

79. (A) The Preamble has been amended only once so far.
The Preamble was adopted by the Constituent Assembly on November 26, 1949, and was based on the Objectives Resolution drafted by Jawaharlal Nehru. It is non-justiciable, meaning its provisions are not enforceable in a court of law. To date, the Preamble has been amended only once, by the 42nd Amendment Act of 1976, which added the words Socialist, Secular, and Integrity.

80. (B) Common brotherhood and unity among all Indians.
Fraternity, as mentioned in the Preamble, refers to a sense of common brotherhood among all Indians. It aims to transcend narrow communal, linguistic, or regional barriers. The Preamble links fraternity with two goals: assuring the dignity of the individual and the unity and integrity of the nation. This principle is vital for maintaining social harmony and national integration in a diverse country like India.

81. (B) January 26 commemorates the Purna Swaraj declaration.
Although the Constitution was adopted in 1949, January 26, 1950, was chosen as the date of its full commencement. This specific date holds historical significance because it was on January 26, 1930, that the "Purna Swaraj" (Complete Independence) declaration was celebrated following the Lahore Session of the Indian National Congress. This makes the date an important symbol of the struggle for self-rule.

82. (A) They can be enforced by the writ of Mandamus.
Fundamental Duties are not self-executing and cannot be enforced through judicial writs

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like Mandamus. They were not included in the original Constitution and were added later to remind citizens of their responsibilities. These duties apply exclusively to the citizens of India and not to foreigners. They serve as a moral guide and a warning against anti-national or anti-social activities like burning the national flag.

83. (A) Article 39A — Equal justice and free legal aid
Several Directive Principles guide the state in specific areas of social welfare. Article 39A was added to provide equal justice and free legal aid to the poor. In contrast, Article 40 deals with the organization of village panchayats, while Article 44 concerns the Uniform Civil Code. Article 51 focuses on the promotion of international peace and security, rather than the internal organizational matters.

84. (D) Quo-Warranto — To be certified
The writs are named after Latin terms reflecting their intent. Mandamus means "we command," while Habeas Corpus means "to have the body of." Prohibition means "to forbid" a lower court from exceeding its jurisdiction. However, Quo-Warranto means "by what authority," and it is Certiorari that means "to be certified" or "to be informed," used to review a decision made by a lower authority.

85. (C) Article 14 (No denial of equality to any person).
Negative rights are those that prohibit the state from doing certain things, thereby protecting individual freedom. Article 14 is a classic example of a negative right because it commands the state not to deny any person equality before the law. In contrast, positive rights, like the right to education, require the state to take specific actions to provide services or benefits to the citizens.

86. (B) The State lacked financial capacity for legal implementation.
The framers of the Indian Constitution recognized that the Directive Principles were essential for the nation's progress. However, they made them non-justiciable because the newly independent state did not have the financial capacity to provide social and economic benefits immediately as legal rights. Making them non-enforceable allowed the government the flexibility to implement these goals as the country's economy and resources improved.

87. (D) A special majority in both Houses of Parliament.
Article 368 provides the procedure for amending the Constitution, requiring a special majority. This means the amendment bill must be passed by each House of Parliament by a majority of the total membership of that House and by a majority of not less than two-thirds of the members present and voting. This process ensures that the Constitution is not changed easily or without broad consensus.

88. (C) Both Statement I and Statement II are true.
The 42nd Amendment Act of 1976 is famously known as the "Mini-Constitution" because it introduced the most comprehensive and far-reaching changes to the original document. It affected numerous articles across various parts, including the Preamble, Fundamental Rights, and Directive Principles. These changes were so extensive that they practically altered many foundational aspects of the legal and political system in India.

89. (C) A failure of constitutional machinery under Article 356.
Under the Indian federal system, state governments are expected to comply with laws and directions from the Union government. If a state fails to implement a valid Central law, it can be viewed as a failure of the constitutional machinery in that state. In such cases, the President may invoke Article 356 to take over the administration of the state to ensure constitutional governance.

90. (A) It is a Fundamental Right in itself.
Article 32 is unique because it is itself a Fundamental Right, ensuring that the right to move the Supreme Court for enforcement of rights is constitutionally guaranteed. It cannot be used to enforce Directive Principles or mere statutory rights, as it is specifically dedicated to the protection of the rights listed in Part III. This makes it a powerful and essential part of the Constitution.

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91. (D) Being punished twice for the same offense.
The principle of Double Jeopardy is a vital protection for individuals in the criminal justice system. Under Article 20, it specifically means that no person shall be prosecuted and punished for the same offense more than once. This protection ensures that the state cannot subject a person to multiple punishments for a single criminal act, providing a necessary limit on the state's power.

92. (B) It keeps the core identity of the Constitution intact.
The Basic Structure doctrine is a principle that ensures the core identity and essential features of the Constitution remain protected from drastic changes. It was established by the Supreme Court in the 1973 Kesavananda Bharati case. This doctrine signifies that while the Parliament has the power to amend the Constitution, it cannot use that power to destroy the fundamental pillars of the nation.

93. (C) It includes religious equality only.
The concept of equality in the Preamble is comprehensive and multi-dimensional. It includes civic equality, which ensures equal status before the law; political equality, providing equal rights in the democratic process; and economic equality, which seeks to reduce disparities. It is incorrect to say that it only covers religious equality, as the Constitution aims to establish a society free from all forms of discrimination.

94. (D) Article 46 (Interests of SC/ST) — Gandhian Principle
Directive Principles are classified based on their ideological content. Article 46 is considered a Gandhian principle because it directs the state to promote with special care the educational and economic interests of the weaker sections of society, particularly the Scheduled Castes and Scheduled Tribes. This aligns with Mahatma Gandhi's vision of uplifting the marginalized and ensuring social justice for the most disadvantaged communities.

95. (D) Objective Resolution Mover — Sardar Patel
Several key individuals played foundational roles in the making of the Constitution. Dr. B.R. Ambedkar chaired the Drafting Committee, and Dr. Rajendra Prasad was the President of the Assembly. Sir B.N. Rau served as the Constitutional Advisor. However, the Objective Resolution, which laid down the philosophical foundations of the Constitution, was moved by Jawaharlal Nehru on December 13, 1946, not Sardar Patel.

96. (B) No citizen shall be discriminated against on specific grounds.
Article 15 contains a negative provision that strictly prohibits the state from discriminating against any citizen. This prohibition applies only to grounds of religion, race, caste, sex, place of birth, or any of them. By using negative language, the Constitution places a clear and enforceable limit on the power of the government, ensuring that all citizens are treated with equal dignity and fairness.

97. (B) Education became a Right, a DPSP, and a Duty.
The 86th Amendment Act of 2002 is highly significant because it created a triple mandate for education. It established a Fundamental Right under Article 21A, a new Directive Principle under Article 45 for early childhood care, and a Fundamental Duty for parents under Article 51A. This comprehensive approach underscores the state's commitment to ensuring that every child in India has access to educational opportunities.

98. (A) The legality of a person's claim to a public office.
Quo-Warranto is a specialized writ used by the courts to examine the legality of a person's claim to a public office. It prevents individuals from illegally occupying public positions to which they are not entitled. The court uses this writ to ask the office holder "by what authority" they are holding the position, ensuring that only qualified and legally appointed persons serve.

99. (D) Both Statement I and Statement II are false.
The Preamble is a key interpretative tool but it does not grant any independent power to the three branches of government. Similarly, it does not impose any direct limitations upon the powers of the legislature. According to the Supreme Court, it is not a source of substantive power or limitation but serves as a guide for understanding the objectives and spirit of the Constitution.

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100. (D) Article 49 of DPSP.
Article 49 is a Directive Principle of State Policy that imposes a duty on the state to protect every monument or place of artistic or historic interest. This includes safeguarding them from spoilation, disfigurement, destruction, removal, disposal, or export. Laws enacted for the protection of national heritage are direct applications of this principle, reflecting the nation's commitment to preserving its historical and cultural legacy.

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CHAPTER 02
Parliament and State Legislature

1. According to the Constitution of India, the Parliament consists of which of the following organs?
(A) Lok Sabha and Rajya Sabha
(B) President, Lok Sabha, and Rajya Sabha
(C) President, Lok Sabha, Rajya Sabha, and Vice President
(D) Lok Sabha, Rajya Sabha, and the Council of Ministers

2. Read the following statements regarding the strength of the Lok Sabha and choose the correct option:
Statement I: The maximum strength of the Lok Sabha is fixed at 550 members.
Statement II: At present, the Lok Sabha has 543 elected members.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

3. Read the Assertion (A) and Reason (R) given below and choose the correct option:
Assertion (A): The Rajya Sabha is a permanent body and not subject to dissolution.
Reason (R): One-third of its members retire every second year and are replaced by newly elected members.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

4. Which of the following statements regarding the Speaker of the Lok Sabha is INCORRECT?
(A) The Speaker is elected by the Lok Sabha from amongst its members.
(B) The Speaker can be removed by a resolution passed by a majority of all the then members of the Lok Sabha.
(C) The Speaker does not vote in the first instance but exercises a casting vote in case of a tie.
(D) The Speaker must resign from their party membership upon election.

5. Match the terms in List I with their definitions in List II and select the correct answer using the codes given below:
List I: (Term)
P. Prorogation
Q. Adjournment
R. Dissolution
S. Recess
List II: (Definition)
1. Terminating a sitting of the House
2. Terminating a session of the House
3. Ending the life of the existing House
4. Period between prorogation and reassembly
Codes:
(A) P-1, Q-2, R-4, S-3
(B) P-3, Q-4, R-1, S-2
(C) P-2, Q-1, R-3, S-4
(D) P-4, Q-3, R-2, S-1

6. Under which Article of the Constitution of India is the provision for a Joint Sitting of both Houses of Parliament mentioned?
(A) Article 105
(B) Article 108
(C) Article 110
(D) Article 112

7. Read the following statements regarding a Money Bill:
1. It can be introduced only in the Lok Sabha.
2. It can be introduced only on the recommendation of the President.
3. The Rajya Sabha must return the bill within 14 days.

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Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

8. What is the minimum number of members required to be present in the House before it can transact any business, known as the Quorum?
(A) One-fifth of the total membership
(B) One-tenth of the total membership
(C) One-fourth of the total membership
(D) One-third of the total membership

9. Read the Assertion (A) and Reason (R) given below and choose the correct option:
Assertion (A): The 10th Schedule of the Constitution was added to prevent political defections.
Reason (R): The decision on disqualification under the 10th Schedule is taken by the President of India.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

10. Which of the following pairs is INCORRECTLY matched regarding the composition of the State Legislature?
(A) Unicameral Legislature — Only Legislative Council exists
(B) Legislative Assembly — Directly elected representatives
(C) Legislative Council — Partially elected and partially nominated
(D) Bicameral Legislature — Both Vidhan Sabha and Vidhan Parishad exist

11. Which of the following is true regarding the 'Zero Hour' in the Indian Parliamentary system?
(A) It is a formal procedure explicitly mentioned in the Rules of the House.
(B) It is a time slot reserved for the introduction of various Government Bills.
(C) It was first officially introduced in the Indian Parliament during the year 1991.
(D) It follows Question Hour until the day's regular agenda begins.

12. Match the motions in List I with their purposes in List II and select the correct answer using the codes given below:
List I: (Motions)
P. No-Confidence Motion
Q. Censure Motion
R. Adjournment Motion
S. Privilege Motion
List II: (Purpose)
1. To draw attention to a specific matter of urgent public importance
2. To express lack of confidence in the entire Council of Ministers
3. To censure the council of ministers for specific policies
4. To raise a breach of parliamentary rights by a minister
Codes:
(A) P-3, Q-2, R-4, S-1
(B) P-2, Q-3, R-1, S-4
(C) P-1, Q-4, R-3, S-2
(D) P-4, Q-1, R-2, S-3

13. If the Lok Sabha is dissolved, what happens to a bill that has been passed by the Lok Sabha but is pending in the Rajya Sabha?
(A) The bill remains alive and can be passed by the new Lok Sabha.
(B) The bill is referred to a Joint Sitting by the President.
(C) The bill lapses.
(D) The bill is sent to the President for immediate assent.

14. Read the following statements regarding Parliamentary Privileges:
1. Members enjoy freedom of speech in Parliament.
2. Members are immune from any proceedings in any court regarding anything said in the House.
3. Freedom from arrest is available in both civil and criminal cases during the session.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

15. Read the Assertion (A) and Reason (R) given below and choose the correct option:

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Assertion (A): No demand for a grant can be made except on the recommendation of the President.
Reason (R): The Parliament has the power to increase a tax but cannot reduce or abolish it.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Which of the following states does NOT have a bicameral legislature?
(A) Karnataka
(B) Madhya Pradesh
(C) Maharashtra
(D) Bihar

17. Arrange the following stages of the passage of an Ordinary Bill in the correct chronological order:
1. Report Stage
2. General Discussion
3. Second Reading (Clause by Clause)
4. Introduction in the House
(A) 4-2-1-3
(B) 4-3-2-1
(C) 2-4-1-3
(D) 1-2-3-4

18. Match the Articles in List I with their subject matter in List II and select the correct answer using the codes given below:
List I: (Article)
P. Article 110
Q. Article 112
R. Article 114
S. Article 123
List II: (Subject Matter)
1. Annual Financial Statement
2. Definition of Money Bill
3. Ordinance making power of President
4. Appropriation Bill
Codes:
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

19. Read the following statements regarding the Legislative Council (Vidhan Parishad) and choose the correct option:
Statement I: The maximum strength of the Council is fixed at one-third of the total strength of the Assembly.
Statement II: The minimum strength of the Council cannot be less than 40.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

20. Read the following statements regarding the powers of the Speaker of the Lok Sabha:
1. He decides whether a bill is a Money Bill or not.
2. He presides over the Joint Sitting of both Houses of Parliament.
3. He appoints the chairmen of all parliamentary committees of the Lok Sabha.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

21. Read the Assertion (A) and Reason (R) given below and choose the correct option:
Assertion (A): The Vice-President of India is the ex-officio Chairman of the Rajya Sabha.
Reason (R): The Vice-President is a member of the Rajya Sabha.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

22. How many members are nominated by the President to the Rajya Sabha from the fields of art, literature, science, and social service?
(A) 2
(B) 10
(C) 12
(D) 15

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23. Which of the following is correct regarding a Constitutional Amendment Bill?
(A) It can be introduced for consideration only in the Lok Sabha.
(B) It requires the mandatory prior recommendation of the President.
(C) In case of disagreement, a Joint Sitting is summoned by the President.
(D) It must be passed in each House by a special majority.

24. Match the mechanisms in List I with their nature of control in List II and select the correct answer using the codes given below:
List I: (Mechanism of Control)
P. Question Hour
Q. Cut Motion
R. Public Accounts Committee
S. Budget Debate
List II: (Nature of Control)
1. Financial control over expenditure
2. Scrutiny of executive through questions
3. Reduction in the amount of demand
4. General discussion on financial policy
Codes:
(A) P-2, Q-3, R-1, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-4, Q-1, R-2, S-3
(D) P-3, Q-4, R-1, S-2

25. Read the following statements regarding Bicameralism in State Legislatures:
1. The Legislative Council is a permanent house.
2. Five-sixth of the members of the Council are indirectly elected.
3. One-sixth of the members are nominated by the Governor.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

26. Read the Assertion (A) and Reason (R) given below and choose the correct option:
Assertion (A): A No-Confidence Motion can be moved only in the Lok Sabha and not in the Rajya Sabha.
Reason (R): The Council of Ministers is collectively responsible to the Lok Sabha.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

27. Who among the following has the final authority to decide whether a bill is a Money Bill?
(A) The President of India
(B) The Prime Minister
(C) The Chairman of the Rajya Sabha
(D) The Speaker of the Lok Sabha

28. Arrange the following Parliamentary sessions in the order they usually occur in a calendar year:
1. Monsoon Session
2. Winter Session
3. Budget Session
(A) 3-1-2
(B) 1-2-3
(C) 3-2-1
(D) 2-1-3

29. Match the states in List I with their legislature types in List II and select the correct answer using the codes given below:
List I: (State)
P. Uttar Pradesh
Q. Kerala
R. Andhra Pradesh
S. Rajasthan
List II: (Legislature Type)
1. Bicameral
2. Unicameral
3. Bicameral
4. Unicameral
Codes:
(A) P-2, Q-1, R-4, S-3
(B) P-3, Q-4, R-1, S-2
(C) P-1, Q-2, R-3, S-4
(D) P-4, Q-3, R-2, S-1

30. Read the following statements regarding the procedure for amending the Constitution:
1. An amendment bill can be initiated in either House of Parliament.
2. It does not require the prior permission of the President.
3. The President can return the bill for reconsideration once.

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Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

31. Members of the Lok Sabha are elected through which of the following methods?
(A) Direct election on the basis of adult suffrage
(B) Proportional representation by means of single transferable vote
(C) Indirect election by the members of State Legislative Assemblies
(D) Nomination by the President of India

32. Which statement regarding the Chairman of the Rajya Sabha is INCORRECT?
(A) He is not a member of the House.
(B) He presides over the Joint Sitting of the two Houses in the absence of the Speaker.
(C) He can be removed from his office only if he is removed from the office of the Vice-President.
(D) He has the power to exercise a casting vote in case of equality of votes.

33. What is the primary purpose of a Censure Motion in Parliament?
(A) To remove the government from executive power with immediate effect
(B) To rebuke a minister or the council for specific failures
(C) To suspend the active proceedings of the House for a scheduled lunch break
(D) To formally request the President of India to dissolve the Lok Sabha

34. Read the following statements regarding the composition of the State Legislature and choose the correct option:
Statement I: The State Legislature consists of the Governor and the Legislative Assembly in every state.
Statement II: In some states, the State Legislature also includes a Legislative Council.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

35. Which of the following powers is NOT enjoyed by the Rajya Sabha?
(A) Passing a resolution to authorize Parliament to make laws on State List subjects
(B) Approval of the proclamation of Emergency
(C) Voting on the Demands for Grants
(D) Creation of new All-India Services

36. Which of the following is a correct pair regarding the budget process?
(A) Finance Bill — Article 110
(B) Vote on Account — Article 112
(C) Consolidated Fund of India — Article 115
(D) Appropriation Bill — Article 114

37. What is the most appropriate description of the role of the Speaker of the Vidhan Sabha?
(A) He acts as the formal nominal head of the State administration.
(B) He is responsible for the overall financial administration of the State.
(C) He is the guardian of the powers and privileges of the House.
(D) He actively participates in the debates of the House as a party leader.

38. The provisions of the Anti-Defection Law are contained in which Schedule of the Indian Constitution?
(A) Seventh Schedule
(B) Eighth Schedule
(C) Ninth Schedule
(D) Tenth Schedule

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39. If a member of the Lok Sabha is absent from all meetings of the House without permission for a specific period, the House may declare the seat vacant. What is that period?
(A) 30 days
(B) 60 days
(C) 90 days
(D) 120 days

40. Which of the following statements is correct regarding the Joint Sitting of Parliament?
(A) It is governed by the Rules of Procedure of the Lok Sabha.
(B) It can be summoned for the consideration of

a Money Bill.
(C) It is presided over by the President of India.
(D) It can be summoned for a Constitutional Amendment Bill.

41. Which term describes the termination of a session of the House of Parliament?
(A) Adjournment
(B) Dissolution
(C) Prorogation
(D) Sine die

42. Read the following statements regarding the nomination of members to the Rajya Sabha and choose the correct option:
Statement I: The President nominates 12 members to the Rajya Sabha.
Statement II: These members must have special knowledge in the field of Cooperative Societies.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

43. Which of the following pairs of Parliamentary sessions and their duration is generally INCORRECT?
(A) Budget Session: February to May
(B) Monsoon Session: July to September
(C) Winter Session: November to December
(D) Spring Session: March to April

44. Which Article of the Constitution defines a "Money Bill"?
(A) Article 109
(B) Article 110
(C) Article 111
(D) Article 112

45. Which of the following is NOT a feature of a Money Bill?
(A) It deals with the imposition or abolition of taxes.
(B) It deals with the regulation of borrowing of money by the Government.
(C) It can be amended or rejected by the Rajya Sabha.
(D) It is certified by the Speaker of the Lok Sabha.

46. In which of the following cases can a Constitutional Amendment Bill be initiated?
(A) Only in the Lok Sabha house
(B) Only in the Rajya Sabha house
(C) Within State Legislatures only
(D) In either House of Parliament

47. What is "Adjournment Sine Die"?
(A) Terminating a sitting of Parliament for an indefinite period
(B) Terminating a sitting of Parliament for a specifically fixed time
(C) Terminating the legal life of the Lok Sabha for general elections
(D) Terminating a formal session of the Indian Parliament

48. Which of the following is true regarding the Speaker of the Vidhan Sabha?
(A) He is appointed by the Governor.
(B) He vacates his office if he ceases to be a member of the Assembly.
(C) He holds office during the pleasure of the Governor.
(D) He is the ex-officio chairman of the State Planning Board.

49. What is the minimum age required to become a member of the Lok Sabha?
(A) 18 years
(B) 21 years
(C) 25 years
(D) 30 years

50. Read the following statements regarding Bicameralism and choose the correct option:
Statement I: It provides a check on hasty and ill-considered legislation.
Statement II: It allows for the representation of eminent professionals and experts.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

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51. Which of the following is INCORRECT regarding the election of members to the Rajya Sabha?
(A) They are elected by the elected members of the State Legislative Assemblies.
(B) The system of election is proportional representation.
(C) Voting is done by a secret ballot.
(D) Every state is allotted seats on the basis of its population.

52. What is the maximum strength of the Rajya Sabha as per the Constitution?
(A) 238
(B) 245
(C) 250
(D) 252

53. How is the Speaker of the Lok Sabha elected?
(A) Appointed by the President
(B) Selected by the Prime Minister
(C) By a simple majority of members present and voting
(D) By a two-thirds majority of the total membership

54. A member of Parliament who is arrested for a criminal offense during a session:
(A) Enjoys full immunity from arrest under Parliamentary Privilege.
(B) Can be arrested with the permission of the Speaker/Chairman.
(C) Is exempt from the application of criminal law.
(D) Can only be arrested if the House passes a specific resolution.

55. Read the following statements regarding Money Bills and choose the correct option:
Statement I: The Rajya Sabha has no power to reject or amend a Money Bill.
Statement II: If the Rajya Sabha does not return the Money Bill within 14 days, it is deemed passed by both Houses.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

56. The 10th Schedule (Anti-Defection Law) was inserted into the Constitution by which Amendment Act?
(A) 42nd Amendment Act
(B) 44th Amendment Act
(C) 52nd Amendment Act
(D) 61st Amendment Act

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57. The "Lame Duck Session" refers to:
(A) The inaugural session of the House following a fresh general election.
(B) A session where no official business is transacted due to continuous protests.
(C) The final session of the existing House after a new one is elected.
(D) A special session summoned during the proclamation of a national emergency.

58. Which of the following is a correct pair?
(A) Article 79 — Constitution of Parliament
(B) Article 80 — Composition of Lok Sabha
(C) Article 81 — Composition of Rajya Sabha
(D) Article 83 — Speaker of Lok Sabha

59. A Joint Sitting of Parliament cannot be held in which of the following cases?
(A) Ordinary Bill
(B) Financial Bill
(C) Dispute between the two Houses
(D) Money Bill

60. Who among the following are NOT part of the electoral college for the Legislative Council?
(A) Members serving in local Municipalities and District Boards
(B) Teachers of three years' standing in primary schools
(C) Graduates of at least three years' standing in the state
(D) Elected members of the State Legislative Assembly (MLAs)

61. Read the following statements regarding Financial Bills and choose the correct option:
Statement I: All Money Bills are Financial Bills.
Statement II: All Financial Bills are Money Bills.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are

incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

62. For the Lok Sabha to function, what is the required quorum number (excluding the Speaker)?
(A) 45
(B) 50
(C) 55
(D) 60

63. Which of the following is INCORRECT regarding the Constitutional Amendment procedure?
(A) A joint sitting can resolve a deadlock over such a bill.
(B) Some amendments require ratification by half of the state legislatures.
(C) It is initiated under Article 368.
(D) The President must give his assent to the bill.

64. The Council of Ministers is collectively responsible to:
(A) The President
(B) The Lok Sabha
(C) The Prime Minister
(D) Both Houses of Parliament

65. What is "Question Hour"?
(A) The final hour of the day's scheduled business
(B) The first hour of every parliamentary sitting
(C) A time dedicated to the formal voting on bills
(D) A time reserved for the President's annual address

66. Read the following statements regarding the strength of the Vidhan Sabha and choose the correct option:
Statement I: The maximum strength is fixed at 500.
Statement II: The minimum strength is fixed at 60 (with some exceptions).
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

67. To whom does the Speaker of the Lok Sabha submit his resignation?
(A) The President of the Republic of India
(B) The Prime Minister of the Indian Union
(C) The Deputy Speaker of the Lok Sabha
(D) The Chief Justice of the Supreme Court

68. What is the maximum gap allowed between two sessions of Parliament?
(A) 3 months
(B) 4 months
(C) 6 months
(D) 12 months

69. Under the Anti-Defection Law, a nominated member of a House becomes disqualified if he joins any political party:
(A) Immediately after nomination
(B) Before the expiry of six months from the date of taking his seat
(C) After the expiry of six months from the date of taking his seat
(D) At any time during his tenure

70. Read the following statements regarding the Joint Sitting and choose the correct option:
Statement I: If the Speaker is absent, the Deputy Speaker presides.
Statement II: If the Deputy Speaker is absent, the Chairman of the Rajya Sabha presides.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

71. Which statement regarding the Legislative Council is INCORRECT?
(A) It is a permanent house and cannot be dissolved.
(B) One-third of its members retire every two years.
(C) The Governor nominates 1/6th of its

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members.
(D) Its members are elected for a term of five years.

72. Which of the following groups of states have a bicameral legislature?
(A) Uttar Pradesh, Bihar, Maharashtra, Karnataka, Andhra Pradesh, Telangana
(B) Uttar Pradesh, Bihar, West Bengal, Tamil Nadu, Karnataka
(C) Maharashtra, Bihar, Gujarat, Rajasthan, Karnataka
(D) Andhra Pradesh, Telangana, Kerala, Tamil Nadu, Bihar

73. A "Starred Question" in Parliament requires:
(A) A written answer
(B) No answer
(C) An oral answer
(D) Answer by the President

74. Read the following statements regarding the definition of a Money Bill and choose the correct option:
Statement I: If any question arises whether a Bill is a Money Bill or not, the decision of the Speaker of the Lok Sabha is final.
Statement II: A Money Bill can only be introduced by a Minister.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

75. Which of the following is NOT a power of the Vidhan Parishad?
(A) Delaying an ordinary bill for a maximum of 4 months
(B) Discussing the Annual Financial Statement
(C) Putting questions to the Council of Ministers
(D) Amending a Money Bill

76. The "Appropriation Bill" is necessary to:
(A) Authorize the government to levy various new taxes
(B) Withdraw money from the Consolidated Fund of India
(C) Formally declare a state of national financial emergency
(D) Legally increase the salary and allowances of the President

77. Parliamentary Privilege regarding freedom from arrest applies to:
(A) Civil cases only
(B) Criminal cases only
(C) Preventive detention cases
(D) Terrorism-related cases

78. What is the term of office for a member of the Rajya Sabha?
(A) 4 years
(B) 5 years
(C) 6 years
(D) Permanent tenure

79. Read the following statements regarding the Speaker's casting vote and choose the correct option:
Statement I: The Speaker exercises the casting vote only in the case of an equality of votes.
Statement II: The purpose is to resolve a deadlock and maintain neutrality.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

80. The "Zero Hour" is an informal device that originated in:
(A) The UK Parliament
(B) The Indian Parliamentary System
(C) The US Congress
(D) The French National Assembly

81. Who is the presiding officer who decides on the disqualification of a member of the Rajya Sabha on the grounds of defection?
(A) The President of the Republic of India
(B) The Chairman of the Rajya Sabha
(C) The Election Commission of the Union
(D) The Supreme Court of India

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82. What is the maximum strength of the Uttar Pradesh Legislative Assembly?
(A) 400
(B) 403
(C) 425
(D) 500

83. Which type of question allows for "Supplementary Questions" to be asked?
(A) Unstarred Questions
(B) Short Notice Questions
(C) Starred Questions
(D) Private Member Questions

84. Read the following statements regarding the recommendation for a Money Bill and choose the correct option:
Statement I: A Money Bill can be introduced without the President's recommendation if it is a private member's bill.
Statement II: The recommendation is mandatory under Article 117.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

85. How long can the Rajya Sabha delay an Ordinary Bill?
(A) 14 days
(B) 1 month
(C) 6 months
(D) 1 year

86. Which of the following is a key difference between a Censure Motion and a No-Confidence Motion?
(A) Censure motion requires reasons to be stated; No-confidence motion does not.
(B) Censure motion is against a specific minister; No-confidence is against the whole council.
(C) Censure motion can result in the resignation of the government; No-confidence motion cannot.
(D) There is no difference; they are the same.

87. Which of the following statements regarding the nominated members of the Rajya Sabha is correct?
(A) They have the legal right to vote in the election of the President.
(B) They are elected by the members of the State Legislative Assemblies.
(C) They must be at least twenty-five years of age to be nominated.
(D) They have the right to vote in the election of the Vice-President.

88. The provision for a Joint Sitting (Article 108) applies to:
(A) Ordinary Bills and Financial Bills
(B) Money Bills and Constitutional Amendment Bills
(C) Only Money Bills
(D) All types of Bills

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89. Read the following statements regarding Article 368 and choose the correct option:
Statement I: A bill to amend the Constitution can be introduced by a private member.
Statement II: Such a bill must be passed in each House by a simple majority.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

90. Which of the following states was previously bicameral but is now unicameral?
(A) Tamil Nadu
(B) Bihar
(C) Karnataka
(D) Maharashtra

91. Who presides over the Lok Sabha during the election of the Speaker?
(A) The President
(B) The outgoing Speaker
(C) The Deputy Speaker
(D) The Speaker Pro Tem

92. What is "Guillotine" in parliamentary procedure?

(A) A formal motion to reduce the annual budget demand by 1 Rupee.
(B) Putting all undiscussed demands for grants to vote on the last day.
(C) A constitutional method of removing the Speaker from their office.
(D) Suspending a member of the House for repeated unruly behavior.

93. Read the following statements and choose the correct option:
Statement I: The members of the Rajya Sabha are elected for a fixed term of six years.
Statement II: The Rajya Sabha represents the states and union territories in the Indian Union.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

94. Parliamentary privileges do NOT protect a member from:
(A) Civil arrest during the session
(B) Civil arrest 40 days before the session
(C) Civil arrest 40 days after the session
(D) Criminal arrest during the session

95. How can a Legislative Council be created or abolished in a state?
(A) By Assembly resolution with special majority, followed by an Act of Parliament.
(B) By a simple resolution passed by the Lok Sabha and Rajya Sabha of the Parliament only.
(C) By a special executive order issued by the Governor of the state in consultation with the CM.
(D) By a formal constitutional amendment procedure as laid down strictly under Article 368.

96. Which of the following is correct regarding the Annual Financial Statement?
(A) It is defined under Article 110.
(B) It is popularily known as the Budget.
(C) It is presented by the Speaker of the Lok Sabha.
(D) It only includes the revenue expenditure of the government.

97. During a National Emergency, the term of the Lok Sabha can be extended by Parliament for:
(A) Six months at a time
(B) One year at a time
(C) Two years at a time
(D) Indefinite period

98. Read the following statements regarding the State Legislature and choose the correct option:
Statement I: In the State Legislature, a bill pending in the Assembly lapses on its dissolution.
Statement II: A bill passed by the Assembly but pending in the Council lapses on the dissolution of the Assembly.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

99. Which of the following amendments requires ratification by the legislatures of not less than one-half of the States?
(A) Admission or establishment of new states
(B) Abolition or creation of legislative councils in states
(C) Any change in the representation of states in Parliament
(D) Changes in the salaries and allowances of members of Parliament

100. What is the "Whip" in the context of Parliament?
(A) A physical tool used by the Speaker to maintain order.
(B) A motion used to speed up the passage of a pending bill.
(C) The name given to the leader of the opposition party.
(D) A party official who directs members on how to vote.

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ANSWERS

1. (B) President, Lok Sabha, and Rajya Sabha
The legislative organ of the union government comprises three distinct parts. While the President is not a member of either house, this office remains integral to the parliamentary structure. Legislative processes require the involvement of both houses and the head of state to ensure checks and balances within the democratic framework of the Indian Republic.

2. (A) Both Statement I and Statement II are correct
Constitutional provisions establish the maximum capacity of the lower house to ensure proportionate representation across the nation. Recent adjustments have fixed the upper limit at five hundred and fifty members. Currently, the house operates with five hundred and forty-three elected representatives, reflecting the actual seats occupied through the democratic electoral process in diverse constituencies.

3. (A) Both A and R are true and R is the correct explanation of A.
The upper house is structured to provide continuity in the federal legislative process, ensuring it never faces complete dissolution. Members serve staggered six-year terms, with a portion of the membership cycling out biennially. This system allows for a mix of experienced and newly elected representatives, maintaining institutional knowledge while reflecting changing political landscapes in state assemblies.

4. (D) The Speaker must resign from their party membership upon election.
The presiding officer of the lower house is chosen by fellow representatives to manage proceedings impartially. While it is customary to maintain neutrality, there is no constitutional mandate for the individual to quit their political party. The office carries significant authority in maintaining order, interpreting rules, and ensuring the smooth functioning of legislative business during sessions.

5. (C) P-2, Q-1, R-3, S-4
Parliamentary procedures involve distinct terms for managing the lifespan and sessions of the houses. Terminating a specific sitting temporarily differs from ending a full session. Furthermore, concluding the legal existence of a house for elections represents a final stage. Understanding these technical definitions is essential for following the legislative cycle and the intervals between successive meetings.

6. (B) Article 108
Constitutional provisions facilitate the resolution of legislative deadlocks between the two houses through specific collective meetings. When a bill faces rejection or significant disagreement after six months, the head of state may summon both chambers to vote together. This mechanism ensures that essential legislation is not indefinitely stalled by differences in opinion between the lower and upper houses.

7. (D) 1, 2, and 3
Financial legislation concerning taxation and expenditure follows a specific pathway distinct from ordinary bills. Initiation is restricted to the lower house and requires prior executive approval to proceed. The upper house possesses limited influence, having only a brief window to offer suggestions without the power of rejection. These rules preserve the lower house's primary authority over national finances.

8. (B) One-tenth of the total membership
The effective functioning of a legislative chamber depends on the presence of a minimum number of representatives. This requirement ensures that proceedings carry sufficient legitimacy and prevents a small minority from making major decisions. If the count falls below one-tenth of the total membership, the presiding officer must suspend the meeting until the necessary threshold of members is reached.

9. (C) A is true but R is false.
Legal measures to curb political instability focus on preventing representatives from switching

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parties for personal gain. While the tenth schedule outlines the grounds for such disqualifications, the authority to decide these cases rests with the presiding officer of the house. This judicial role ensures internal discipline within the legislature, distinct from the broader executive powers exercised by the state head.

10. (A) Unicameral Legislature — Only Legislative Council exists
State legislatures are structured as either single-chamber or dual-chamber systems depending on regional requirements. In a unicameral setup, only the directly elected assembly exists to make laws. Conversely, a bicameral system includes both an assembly and a council. The assembly represents the people directly, while the council provides additional scrutiny through a mix of elected and nominated members.

11. (D) It follows Question Hour until the day's regular agenda begins.
Informal parliamentary devices allow members to raise matters of urgent public importance without prior notice. This period typically occurs immediately following the conclusion of the scheduled questioning session and before the main agenda begins. Although not explicitly mentioned in the formal rules, it has become a significant feature of the Indian legislative system for highlighting pressing contemporary national issues.

12. (B) P-2, Q-3, R-1, S-4
Parliament uses various procedural tools to exercise oversight and hold the executive accountable for its actions. Some motions test the overall confidence in the government, while others target specific ministerial failures or urgent public matters. These mechanisms ensure that the council of ministers remains responsible to the elected representatives, allowing for rigorous debate and potential censure of government policies.

13. (C) The bill lapses.
The dissolution of the lower house significantly impacts the status of pending legislation to ensure the new house starts fresh. If a bill originated in and was passed by the lower house but remains under consideration in the upper house, it cannot proceed further. This legal expiration prevents outdated proposals from being forced upon a newly mandated set of representatives.

14. (A) 1 and 2 only
Legislators enjoy specific immunities to ensure they can perform their duties without fear of external interference. These protections include complete freedom of speech during proceedings and immunity from judicial scrutiny for their votes. However, the exemption from arrest is restricted to civil matters and does not extend to criminal offenses, ensuring that the law applies to everyone equally outside parliament.

15. (C) A is true but R is false.
Budgetary processes require executive initiative for all requests involving public funds, ensuring fiscal responsibility. The legislature acts as a check on these proposals but operates under specific constraints regarding taxation changes. While representatives can choose to lower or eliminate proposed taxes, they lack the constitutional authority to increase the financial burden on citizens beyond what the government has officially recommended.

16. (B) Madhya Pradesh
The structure of state legislatures varies across India, with some states adopting a two-house system for broader deliberation. States like Bihar and Karnataka maintain both an assembly and a council. However, many states prefer a single-house model where only the assembly operates. This regional diversity reflects the historical and political considerations involved in designing local governance frameworks for different states.

17. (A) 4-2-1-3
The life of a bill involves several distinct phases to ensure thorough scrutiny and public transparency before it becomes law. It begins with a formal introduction, followed by a broad discussion on its principles. Detailed examination of every section occurs later, often after committee review. This chronological sequence allows representatives to refine the text and address potential issues before the final vote.

18. (A) P-2, Q-1, R-4, S-3
Specific articles in the constitution govern the financial and legislative functions of the government. These provisions define types of

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bills, outline the annual budget presentation, and authorize the withdrawal of funds. Additionally, they grant the head of state the power to issue temporary laws when the legislature is not in session. Understanding these articles is vital for grasping the constitutional framework.

19. (A) Both Statement I and Statement II are correct
Constitutional rules define the membership limits for the secondary chamber in state legislatures to maintain balance. The total number of members is linked to the size of the primary elected assembly but also has an absolute minimum floor. These constraints ensure the council remains large enough to function effectively while remaining a subordinate body compared to the directly elected assembly's strength.

20. (D) 1, 2, and 3
The presiding officer of the lower house holds extensive administrative and procedural authority. This role includes identifying financial bills, leading collective sessions of both houses, and overseeing various internal committees. Such powers are essential for maintaining the dignity of the house and ensuring that the legislative process remains orderly and follows established constitutional norms and rules of parliamentary conduct.

21. (C) A is true but R is false.
The second highest constitutional office carries the responsibility of presiding over the upper house by virtue of the position. Although this individual leads the proceedings and maintains order, they are not actually an elected or nominated member of the chamber. This unique arrangement ensures a high-ranking dignitary oversees the federal house while remaining technically independent from the house's regular membership.

22. (C) 12
To integrate diverse expertise into the legislative process, the head of state selects specific individuals for the upper house. These members are chosen based on their distinguished contributions to culture, literature, and social progress. This practice ensures that the chamber benefits from the knowledge of specialists who might not otherwise participate in the rigors of direct political contests and electoral campaigning.

23. (D) It must be passed in each House by a special majority.
Modifying the supreme law of the land requires a rigorous process involving both houses of parliament independently. Such bills must secure a high threshold of support within each chamber, typically involving a special majority. Unlike ordinary legislation, there is no provision for resolving disagreements through a collective session. This ensures that fundamental changes to the constitutional framework have broad and deep consensus.

24. (A) P-2, Q-3, R-1, S-4
Various legislative tools allow representatives to monitor and influence government spending and policy execution. Daily questioning sessions provide direct scrutiny, while specific motions can challenge budgetary requests. Formal committees also perform detailed audits of how public money is utilized. Together, these mechanisms form a comprehensive system of checks that ensures the executive remains accountable to the legislature for its financial decisions.

25. (D) 1, 2, and 3
The secondary house in state legislatures is designed as a continuous body representing various interest groups. Most members are chosen through indirect elections involving local bodies, graduates, and teachers, while others are selected by the governor. This structure ensures that the council acts as a chamber of revision, offering a different perspective from the directly elected assembly while maintaining legislative continuity.

26. (A) Both A and R are true and R is the correct explanation of A.
The principle of collective responsibility dictates that the government remains in power only as long as it retains the support of the directly elected house. Consequently, motions expressing a lack of confidence are exclusive to the lower chamber. If such a motion passes, the entire ministry must resign, reinforcing the democratic mandate that the executive is ultimately accountable to the people's representatives.

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27. (D) The Speaker of the Lok Sabha
Determining the nature of a legislative proposal is a critical procedural task, especially regarding financial matters. The constitution grants the presiding officer of the lower house the absolute authority to certify whether a bill falls under the specific category of money bills. This decision is final and cannot be challenged, ensuring that the legislative process remains efficient and avoids jurisdictional disputes between houses.

28. (A) 3-1-2
The legislative calendar typically follows a consistent pattern throughout the year to manage different government priorities. The cycle begins with an intensive period focused on financial planning and budget approval. This is followed by a mid-year meeting during the rainy season and concludes with a shorter year-end session. This regular schedule ensures that the government and representatives meet frequently to conduct business.

29. (C) P-1, Q-2, R-3, S-4
The organizational structure of state legislatures varies, with some states employing two chambers and others only one. Large states often utilize a bicameral system to ensure diverse representation and thorough legislative review. In contrast, smaller or differently managed states operate with a unicameral assembly. This flexibility allows each state to choose a legislative framework that best suits its administrative needs and population.

30. (A) 1 and 2 only
Proposing changes to the constitution involves specific steps to ensure stability while allowing for necessary evolution. Either house of parliament can start the process, and no prior executive recommendation is needed for the bill's introduction. Crucially, once both houses pass the amendment, the head of state is constitutionally required to provide assent, preventing the executive from blocking fundamental changes to the law.

31. (A) Direct election on the basis of adult suffrage
Representatives in the lower house are chosen through a process that directly involves the citizenry across the country. Every adult citizen has the right to participate in these elections, which follow a simple majority system in individual geographical areas. This direct link between voters and their legislators is fundamental to the democratic character of the house, reflecting the direct will of the people.

32. (B) He presides over the Joint Sitting of the two Houses in the absence of the Speaker.
The presiding officer of the upper house manages the chamber's daily business but is not a member of parliament themselves. While this official has the power to break ties during regular votes, they do not lead joint sessions of both houses. In the absence of the lower house's speaker, other officials are designated to preside, ensuring the independence of each legislative chamber.

33. (B) To rebuke a minister or the council for specific failures
A specific motion is used to formally criticize the government or an individual minister for failing to meet certain expectations or for specific policy decisions. Unlike broader motions that can topple the entire administration, this tool focuses on highlighting specific grievances. It requires the house to state the reasons for its disapproval, making it an important instrument for detailed parliamentary oversight and accountability.

34. (A) Both Statement I and Statement II are correct
The governing structure of a state includes the representative of the head of state and the elected assembly. In several states, an additional house is included to provide further deliberation on legislative matters. Together, these components form the state legislature. This system ensures that all laws passed at the regional level undergo proper scrutiny and receive formal approval before being enacted into law.

35. (C) Voting on the Demands for Grants
While the upper house shares many powers with the lower house, it faces significant restrictions regarding financial matters. Specifically, it cannot participate in the final voting process for government expenditure requests. This limitation ensures that the directly elected house maintains primary control over the national purse. However, the upper house retains exclusive rights in other areas, such as proposing new federal administrative services.

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36. (D) Appropriation Bill — Article 114
Legislative procedures for financial management are strictly guided by constitutional provisions. A key document in this process authorizes the government to withdraw funds from the central treasury for specific services. This ensures that no public money is spent without proper legal sanction. The relevant article defines the framework for this bill, distinguishing it from other financial proposals and the broader annual budget statement.

37. (C) He is the guardian of the powers and privileges of the House.
The presiding officer of the state assembly serves as the primary protector of the house's integrity and its members' rights. This role involves interpreting rules, maintaining order during debates, and ensuring that the dignity of the legislative process is preserved. By acting as an impartial referee, this official ensures that all voices are heard while preventing any breach of established parliamentary traditions.

38. (D) Tenth Schedule
Special provisions were added to the constitution to address the issue of political instability caused by representatives changing parties. These rules define the circumstances under which a member may lose their seat for violating party loyalty. By providing a clear legal framework for disqualification, this schedule aims to strengthen the stability of the parliamentary system and respect the democratic mandate given by voters.

39. (B) 60 days
Regular attendance is mandatory for representatives to ensure the legislature functions as intended. If a member remains absent from the house's meetings for a continuous period of two months without seeking formal leave, their seat can be declared vacant. This rule prevents seats from remaining unrepresented for long durations and encourages legislators to take their responsibilities to their constituents and parliament seriously.

40. (A) It is governed by the Rules of Procedure of the Lok Sabha.
When the two houses meet together to resolve differences over a bill, the proceedings follow the specific regulations of the lower house. This arrangement ensures a standardized process for voting and debate during the combined session. However, this collective mechanism is only available for certain types of legislation and cannot be used for financial bills or changes to the fundamental constitutional framework itself.

41. (C) Prorogation
Managing the schedule of parliament involves different terms for pausing or ending its activities. One specific term describes the formal conclusion of a session, which is carried out through an executive order. This action differs from a temporary break in a daily sitting and does not terminate the life of the house itself. It marks the transition between different periods of legislative business throughout the year.

42. (C) Statement I is correct but Statement II is incorrect
The upper house includes a small group of individuals chosen for their exceptional contributions to society rather than through elections. The head of state selects these members from fields like science, art, and literature to enrich parliamentary debates with specialized knowledge. While many categories are covered, expertise in cooperative societies is specifically mentioned for state-level councils rather than the national upper house's nominations.

43. (D) Spring Session: March to April
The annual calendar for legislative work is divided into three major periods to ensure consistent governance and financial oversight. These sessions typically align with the budget preparation, the monsoon season, and the end of the calendar year. There is no traditional session designated for the spring months, as the early part of the year is already covered by the comprehensive and lengthy budget meetings.

44. (B) Article 110
The fundamental law provides a precise definition for legislation that focuses exclusively on financial matters such as taxation and government debt. A specific article details the criteria that a bill must meet to be classified under this category. This classification is vital because it determines the special procedures and restricted powers of the upper house during the bill's passage through the legislative system.

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45. (C) It can be amended or rejected by the Rajya Sabha.
Financial legislation follows a unique set of rules that prioritize the authority of the directly elected house. Unlike ordinary bills, this type of legislation cannot be significantly altered or blocked by the upper house. The secondary chamber can only offer suggestions within a very limited timeframe. This ensures the government can efficiently manage the national economy without prolonged delays in the legislative approval process.

46. (D) In either House of Parliament
The process for revising the supreme law of the country can be started in either of the two chambers of the national legislature. This provides equal opportunity for members of both the lower and upper houses to propose significant legal reforms. However, state legislatures do not have the power to initiate such changes, ensuring that constitutional evolution remains a focused responsibility of the federal parliament.

47. (A) Terminating a sitting of Parliament for an indefinite period
Sometimes, the presiding officer needs to suspend the proceedings of the house without setting a specific date for the next meeting. This procedural action effectively pauses the work of the chamber for an unspecified duration. It is often used when the scheduled business for a session is complete or when the house is unable to function due to persistent disruptions or other external factors.

48. (B) He vacates his office if he ceases to be a member of the Assembly.
The presiding officer of the state assembly is a member chosen by the house to lead its proceedings. This individual's tenure is directly tied to their status as a representative. If they lose their membership in the assembly for any reason, they must also step down from their leadership position. This ensures that the leader of the house is always an active member.

49. (C) 25 years
To ensure that representatives possess a certain level of maturity and experience, the law sets a minimum age for those seeking election to the lower house. This requirement ensures that individuals making national laws have reached a stage of adulthood considered appropriate for such significant responsibility. This age threshold is lower than that required for the upper house, reflecting the different roles of each.

50. (A) Both Statement I and Statement II are correct
Maintaining a two-house system offers several advantages for the legislative process at both state and national levels. It serves as a safeguard against hurried decisions, allowing for a second layer of scrutiny and debate. Additionally, it provides a dedicated space for experts and distinguished citizens to contribute to lawmaking, ensuring that a wider range of perspectives is considered before any bill is finalized.

51. (C) Voting is done by a secret ballot.
The selection process for the upper house involves indirect elections by state-level representatives to ensure federal balance. While the number of seats is based on population, the voting method emphasizes proportionality. Crucially, the tradition of secret ballots was replaced by an open system to increase transparency and prevent political corruption. This ensures that the house truly reflects the political composition of the various states.

52. (C) 250
The maximum capacity of the upper house is defined by constitutional limits to maintain its role as a representative body for the states. This total includes both elected representatives from the states and union territories and a small number of members selected for their expertise in specific fields. Currently, the house operates slightly below this constitutional limit, but the legal ceiling remains fixed by law.

53. (C) By a simple majority of members present and voting
The members of the lower house choose their presiding officer from among themselves shortly after a new parliament is formed. This selection requires only a basic majority of the representatives present and voting. By electing one of their own, the house ensures that the individual leading the proceedings has the support and confidence of the majority, which is essential for maintaining order and impartiality.

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54. (B) Can be arrested with the permission of the Speaker/Chairman.
While legislators have certain protections, these do not place them above the criminal law. If a member is involved in a criminal case, they can be taken into custody even while the house is in session. However, the arresting authority must inform the presiding officer of the house about the action. This ensures that the house is aware of the member's absence and the circumstances.

55. (A) Both Statement I and Statement II are correct
Financial legislation is subject to strict timelines to ensure the government can manage public funds without undue delay. The upper house has very limited power in this area and cannot block or modify these bills. If no action is taken within a fortnight, the bill is automatically treated as if it had been approved, allowing it to proceed for the final executive signature.

56. (C) 52nd Amendment Act
In the mid-nineteen eighties, a significant legal change was introduced to discourage political representatives from switching parties after being elected. This amendment created the tenth schedule, providing a clear mechanism for disqualifying those who violate party discipline. This measure was intended to bring greater stability to the government and ensure that the mandate given by voters to a particular party is respected by legislators.

57. (C) The final session of the existing House after a new one is elected.
There is a specific name for the final period of meetings held by a departing legislature after a new set of representatives has already been elected. During this time, the members who were not re-elected are referred to by a particular term. This session provides a final opportunity to conclude pending business before the new parliament takes over and the previous one is formally dissolved.

58. (A) Article 79 — Constitution of Parliament
The foundational framework of the national legislature is outlined in a series of core articles in the constitution. One specific article establishes the structure of parliament as consisting of the head of state and two separate houses. Subsequent articles provide details on how each of those houses is composed. These provisions ensure that the legislative branch has a clear legal basis for its existence.

59. (D) Money Bill
A collective session of both houses is a tool for breaking deadlocks, but its use is not universal for all types of legislation. Specifically, it cannot be employed for bills that deal with financial matters like taxation and public spending. In such cases, the lower house has the final word, making a joint meeting unnecessary. This restriction preserves the constitutional priority of the directly elected house.

60. (B) Teachers of three years' standing in primary schools
The secondary chamber of a state legislature is chosen through a system involving several groups. This includes local governments, graduates, and members of the primary assembly. While some educators participate, this privilege is reserved for those teaching at higher levels. Teachers in primary schools are not part of the specific group designated to vote for these legislative seats.

61. (C) Statement I is correct but Statement II is incorrect
While all legislation concerning government funds falls into a broad category, only a subset of these bills meets the strict criteria to be called money bills. These specific bills deal exclusively with matters like taxation and borrowing. Therefore, every money bill is technically a financial bill, but many financial bills containing broader provisions do not qualify for the specialized and restrictive money bill procedures.

62. (C) 55
For the lower house to conduct its business legally, a minimum number of members must be present to ensure a representative debate. This requirement is set at one-tenth of the total capacity of the chamber. Given the current size of the house, at least fifty-five representatives must be in attendance. If this threshold is not met, the presiding officer cannot continue the proceedings.

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63. (A) A joint sitting can resolve a deadlock over such a bill.
Modifying the constitution follows a distinct path that differs from ordinary lawmaking. Unlike regular bills, there is no mechanism to resolve a disagreement between the two houses through a combined session. Both the lower and upper houses must pass the amendment independently. If they cannot agree, the proposal simply fails. This high standard ensures that the nation's fundamental law is only changed through consensus.

64. (B) The Lok Sabha
The democratic system requires the executive branch to be directly answerable to the people's representatives. This accountability is focused on the lower house, which holds the mandate from the general electorate. If the government loses the support of this chamber, it must resign. This collective responsibility ensures that the administration always operates with the consent of the majority in the most representative part of parliament.

65. (B) The first hour of every parliamentary sitting
Every day when the house meets, the first sixty minutes are dedicated to a specific activity where members can pose inquiries to ministers. This practice allows representatives to seek information about government policies and administrative actions. It is a vital tool for ensuring transparency and keeping the executive accountable to parliament. The information gathered during this time often forms the basis for further debates.

66. (A) Both Statement I and Statement II are correct
State assemblies have defined limits on their size to ensure they remain manageable while providing adequate representation for the population. While the upper limit is generally fixed at five hundred, the minimum number is usually set at sixty. However, some smaller states have been granted exceptions to this rule to accommodate their unique demographic and geographical circumstances while still maintaining a functional legislative body.

67. (C) The Deputy Speaker of the Lok Sabha
When the presiding officer of the lower house decides to leave their post before their term ends, they must follow a specific protocol. The formal letter of resignation is addressed and delivered to the second-ranking official of the same chamber. This internal process maintains the independence of the house, as the presiding officer does not need to submit their resignation to the executive branch.

68. (C) 6 months
To ensure that the government remains accountable and legislative work continues regularly, there is a legal limit on how long parliament can remain out of session. The interval between the end of one period of meetings and the start of the next must not exceed half a year. This rule guarantees that representatives meet at least twice a year to discuss and pass laws.

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69. (C) After the expiry of six months from the date of taking his seat
Individuals who are selected for their expertise to join a house face specific rules regarding political affiliation. They are given a six-month window to decide if they wish to join a party. If they wait until after this period has expired to join a political group, they are considered to have violated the rules of the house and will face disqualification from their seat.

70. (C) Statement I is correct but Statement II is incorrect
When both houses meet together, a clear hierarchy determines who will lead the session. If the primary presiding officer is unavailable, their deputy takes over the responsibility. However, the leader of the upper house is never permitted to preside over these collective meetings. This protocol ensures that the rules and traditions of the lower house generally prevail during these rare but important joint sittings.

71. (D) Its members are elected for a term of five years.
The secondary chamber in a state legislature is designed for stability and long-term deliberation. Unlike the primary assembly, it is never fully dissolved. Instead, its members serve fixed six-year terms, with a portion of the membership retiring periodically. This ensures that the house always has experienced members who can provide continuity in the lawmaking process,

regardless of the political shifts in the lower assembly.

72. (A) Uttar Pradesh, Bihar, Maharashtra, Karnataka, Andhra Pradesh, Telangana
In the Indian federal system, most states operate with a single legislative house, but several larger states have retained a two-house structure. This list currently includes major states like Uttar Pradesh, Bihar, and Maharashtra, along with southern states like Karnataka and the two regions of Andhra Pradesh and Telangana. These states find the additional chamber helpful for balancing various political and regional interests in governance.

73. (C) An oral answer
In the house, members use different formats to ask questions depending on the type of response they seek. One specific category is marked to indicate that the member wants a verbal answer on the floor of the house. This format is significant because it allows for immediate follow-up inquiries, enabling representatives to dig deeper into the government's responses and hold ministers more effectively accountable.

74. (A) Both Statement I and Statement II are correct
The classification of a bill as focusing on financial matters rests solely with the presiding officer of the lower house. This ensures a clear decision-making process for legislation. Furthermore, such bills are considered official government business and must be introduced by a member of the ministry. This dual requirement emphasizes the executive's responsibility for fiscal policy and the lower house's primary role in oversight.

75. (D) Amending a Money Bill
The secondary house at the state level has significantly fewer powers than its national counterpart, especially regarding fiscal matters. It can discuss the state's financial plans and ask questions of the ministers, but it has no authority to change or block a money bill. This restriction ensures that the directly elected assembly maintains final control over the state's budget and taxation without any interference.

76. (B) Withdraw money from the Consolidated Fund of India
Before the government can spend any money from the public treasury, it must obtain specific legal permission from parliament. This process involves a bill that details the amounts allocated for various services. Without this formal approval, the government cannot legally withdraw funds to run its operations. This bill is a crucial part of the annual budgetary process, ensuring that every expense is authorized.

77. (A) Civil cases only
Legislators are granted certain immunities to help them perform their duties without being harassed by legal proceedings. One of these is protection from being arrested during a session, but this only applies to civil disputes. It does not offer any shield if a member is accused of a crime or held under preventive detention laws. This ensures that criminal justice is not obstructed by membership.

78. (C) 6 years
The upper house is a permanent body, but the individuals who serve in it do not stay forever. Each representative is chosen for a period of six years. To ensure the chamber always has members, the terms are staggered so that one-third of the representatives finish their service every two years. This system provides a balance between new perspectives and experienced legislative continuity.

79. (A) Both Statement I and Statement II are correct
To maintain the flow of legislative business, the presiding officer is given the power to decide the outcome when a vote results in an equal split. This is not a regular vote but a special one used only to resolve a deadlock. By using this power, the official ensures that the house can reach a decision while they personally remain neutral during the initial voting.

80. (B) The Indian Parliamentary System
While many parliamentary traditions were inherited from overseas, certain practices were developed locally to meet specific needs. One such informal period allows representatives to raise urgent matters without giving any prior notice. This innovation first appeared in the Indian system several decades ago and has since

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become a very popular and widely used method for members to highlight important issues in the house daily.

81. (B) The Chairman of the Rajya Sabha
When a member of the upper house is accused of switching political parties in violation of the rules, the decision on their status is made internally. The presiding officer of that chamber has the final authority to determine if the member should be disqualified. This power is essential for maintaining party discipline and the integrity of the house, separate from the external electoral processes.

82. (B) 403
The size of a state assembly is determined by the population it represents, ensuring that every citizen has a voice in regional governance. As the most populous state, Uttar Pradesh has the largest legislative body in the country. It is composed of over four hundred representatives who are directly elected by the people. This large number reflects the state's diverse needs and significant demographics.

83. (C) Starred Questions
Questions that require a verbal response in the house are particularly important for parliamentary oversight. Because the minister answers in person, other members are allowed to ask additional, spontaneous questions related to the same topic. This interactive process helps to clarify complex issues and ensures that the government provides complete and honest information to the representatives, preventing them from being vague or evasive.

84. (D) Statement I is incorrect but Statement II is correct
Legislation that impacts the national treasury requires a high level of cooperation between the executive and the legislature. For this reason, bills focused on financial matters cannot be introduced without the prior formal support of the head of state. This rule applies to all such bills, regardless of who introduces them, and is a key constitutional requirement designed to ensure fiscal stability.

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85. (C) 6 months
When an ordinary bill is sent to the upper house, it has the power to review and potentially delay the legislation if it disagrees with the contents. However, this delay cannot last forever. If the chamber does not act on the bill for half a year, it creates a situation that may lead to a collective session of both houses to resolve the impasse.

86. (A) Censure motion requires reasons to be stated; No-confidence motion does not.
Parliament uses different types of motions to express disapproval. One major difference is that a motion of censure must include the specific reasons for the criticism, as it often targets a particular policy or person. In contrast, a motion showing a total lack of confidence in the government is broader and does not require detailed reasons, as its goal is to remove the administration.

87. (D) They have the right to vote in the election of the Vice-President.
The individuals chosen by the head of state for their expertise have almost all the same rights as elected members. They can participate in debates, join committees, and vote on legislation. While they are excluded from the process of choosing the president, they are fully entitled to vote in the election for the vice-president. This ensures they have a say in selecting their own presiding officer.

88. (A) Ordinary Bills and Financial Bills
The constitutional mechanism for bringing both houses together to resolve a disagreement is primarily used for non-financial legislation. This includes ordinary bills and certain types of financial bills that do not meet the strict definition of a money bill. By allowing a combined vote, the system ensures that important policy changes are not permanently blocked by a lack of agreement between the two chambers.

89. (C) Statement I is correct but Statement II is incorrect
Changes to the fundamental law of the land can be suggested by any member of parliament, including those who are not part of the government. This allows for a wide range of constitutional reforms to be considered. However, the process is made intentionally difficult by requiring a very high

level of support in both houses, ensuring that any changes reflect a broad consensus.

90. (A) Tamil Nadu
The structure of state governments has changed over time, with some regions deciding that a single legislative chamber is more efficient for their needs. While many large states still use two houses, some have abolished their secondary chamber. One major southern state made this change several decades ago, moving from a bicameral system to a unicameral assembly to simplify its lawmaking process.

91. (D) The Speaker Pro Tem
When a new parliament first meets, it lacks a formal leader until one is elected. To manage this initial period, the head of state appoints a temporary presiding officer. This person, usually a very experienced member, oversees the swearing-in of the other representatives and conducts the election for the permanent speaker. Once a new leader is chosen, this temporary role immediately comes to an end.

92. (B) Putting all undiscussed demands for grants to vote on the last day.
During the busy period when the annual budget is being discussed, time is limited. On the final day scheduled for considering expenditure requests, all remaining items that have not yet been debated are put to an immediate vote together. This procedural tool ensures that the financial work of the session is completed on time, even if some details did not receive individual attention.

93. (A) Both Statement I and Statement II are correct
The upper house is designed to provide a continuous federal voice in the national legislature. Its members are chosen to represent the interests of the various regions that make up the country. Unlike the lower house, which is replaced every five years, the upper house stays in place permanently, with members serving staggered terms. This ensures that the house always remains functional and stable.

94. (D) Criminal arrest during the session
The special rights granted to members of parliament are intended to facilitate their legislative work, not to exempt them from the general laws of the country. These protections do not apply if a member is accused of committing a crime. In such cases, the member can be arrested even while the session is ongoing, ensuring that the legal system can function without interruption.

95. (A) By Assembly resolution with special majority, followed by an Act of Parliament.
The process for changing the structure of a state legislature involves both the state itself and the national government. First, the state assembly must pass a resolution with a high level of support. After this, the national parliament must pass a law to finalize the change. This two-step process ensures that both levels of government agree before a council is created or removed.

96. (B) It is popularily known as the Budget.
The constitution requires the government to present a detailed account of its expected income and expenses for the upcoming year. While this document is officially known by a more formal name, it is commonly referred to in public and media as the budget. This presentation is a key moment for the government to outline its financial priorities and seek approval from the representatives.

97. (B) One year at a time
In times of severe national crisis, the regular cycle of elections can be temporarily paused. The national legislature has the authority to extend its own life for one year at a time if an emergency is in effect. This ensures that the government remains stable during a difficult period, although the house must be dissolved within six months once the emergency situation has ended.

98. (A) Both Statement I and Statement II are correct
When a state assembly is dissolved, it has a major impact on any legislation that is still being processed. Bills that were currently being considered by the assembly, or those that had been passed by it but were waiting in the council, will expire. This rule ensures that a new assembly is not forced to deal with the unfinished business of the previous one.

99. (C) Any change in the representation of states in Parliament
Certain fundamental parts of the constitution involve the relationship between the central

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government and the states. To change these core areas, like the way states are represented in the national legislature, a more difficult process is required. In addition to being passed by parliament, these amendments must also be approved by at least half of the individual state legislatures across the entire country.

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100. (D) A party official who directs members on how to vote.

Political parties in parliament use a designated official to maintain discipline and ensure that their members follow the party's stance on important votes. This individual issues directions on how to vote and helps to manage the party's presence in the house. This system helps parties to act as a unified block, which is essential for the stable functioning of the parliamentary system.

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CHAPTER 03
Executive

1. Under the Indian Constitution, the executive power of the Union is formally vested in which of the following?
(A) The Prime Minister
(B) The President
(C) The Union Council of Ministers
(D) The Cabinet Secretariat

2. Which of the following statements regarding the President of India is correct?
(A) He is an integral part of the Parliament.
(B) He is the real executive head of the state.
(C) He is a member of either House of Parliament.
(D) He is elected directly by the people of India.

3. Which of the following pairs is correctly matched regarding the election of the President?
(A) Elected members of Rajya Sabha serving in the upper house
(B) Nominated members of Lok Sabha serving in the lower house
(C) Elected members of State Legislative Assemblies
(D) Elected members of State Legislative Councils in the states

4. What is the minimum age required for a person to be eligible for election as the President of India?
(A) 25 years
(B) 30 years
(C) 35 years
(D) 40 years

5. The Electoral College for the election of the President of India consists of:
(A) All members of both Houses of Parliament regardless of status
(B) All members of Parliament and all State Legislatures
(C) Elected members of Parliament and State Legislative Assemblies
(D) Elected members of the Lok Sabha and the Rajya Sabha exclusively

6. Match List I with List II and select the correct answer using the codes given below:
List I: (Articles)
P. Article 54
Q. Article 61
R. Article 72
S. Article 123
List II: (Subject Matter)
1. Procedure for Impeachment
2. Power to promulgate Ordinances
3. Election of the President
4. Power to grant pardons
Codes:
(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

7. If the President of India wishes to resign from his office, he shall address his resignation to:
(A) The Chief Justice of India
(B) The Prime Minister of India
(C) The Speaker of Lok Sabha
(D) The Vice President of India

8. Which of the following is the sole ground mentioned in the Constitution for the impeachment of the President of India?
(A) Violation of the Constitution
(B) Acts of gross misbehavior
(C) Physical or mental incapacity
(D) Declaration of insolvency

9. The following question consists of two statements, Assertion (A) and Reason (R). Choose the correct option from the codes given below:
Assertion (A): The President of India is the Supreme Commander of the Defence Forces.
Reason (R): The President exercises this power in accordance with the law passed by the Parliament.

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(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

10. Which of the following legislative powers is exercised by the President?
(A) Summoning and proroguing the Houses of Parliament.
(B) Presiding over the joint sitting of the two Houses of Parliament.
(C) Deciding on the disqualification of members of Parliament.
(D) Appointing the Speaker of Lok Sabha.

11. What is the maximum duration for which an ordinance promulgated by the President can remain in force without approval from Parliament?
(A) Six weeks after reassembly
(B) Six months after issuance
(C) Six months and six weeks
(D) One year after issuance

12. Consider the following statements regarding the President's power of pardon:
1. It is an executive power.
2. The President can grant pardon in cases of punishment by a Court Martial.
3. The President's power is independent of the judiciary.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

13. Which statement regarding Article 352 (National Emergency) is INCORRECT?
(A) It can be declared on grounds of war or external aggression.
(B) It requires a written recommendation from the Cabinet.
(C) It can be declared on the ground of internal disturbance.
(D) It must be approved by Parliament within one month.

14. Under which Article can the President declare a Financial Emergency?
(A) Article 352
(B) Article 356
(C) Article 360
(D) Article 365

15. Match List I with List II and select the correct answer using the codes given below:
List I: (Pardoning Power)
P. Reprieve
Q. Commutation
R. Remission
S. Respite
List II: (Definition)
1. Reducing the period of sentence without changing its character.
2. Awarding a lesser sentence in place of one originally awarded due to some special fact.
3. Substitution of one form of punishment for a lighter form.
4. Stay of the execution of a sentence for a temporary period.

Codes:
(A) P-4, Q-3, R-1, S-2
(B) P-3, Q-4, R-2, S-1
(C) P-4, Q-1, R-3, S-2
(D) P-2, Q-3, R-1, S-4

16. Who among the following does NOT participate in the election of the Vice President of India?
(A) All elected members of the Rajya Sabha
(B) Elected members of Legislative Assemblies
(C) All nominated members of the Rajya Sabha
(D) All elected members of the Lok Sabha

17. Which of the following is an INCORRECT pair regarding the State Executive?
(A) Article 153 - Office of Governor
(B) Article 155 - Appointment of Governor
(C) Article 161 - Pardoning power of Governor
(D) Article 165 - Attorney General of India

18. Arrange the following stages of the election of the President in the correct chronological order:
1. Filing of nominations
2. Publication of notification
3. Counting of votes
4. Polling

(A) 1-2-4-3
(B) 2-1-4-3

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(C) 2-1-3-4
(D) 1-2-3-4

19. The following question consists of two statements, Assertion (A) and Reason (R). Choose the correct option from the codes given below:
Assertion (A): The Vice President of India is the ex-officio Chairman of the Rajya Sabha.
Reason (R): The Vice President is elected by the members of both Houses of Parliament.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

20. When the Vice President acts as the President, he:
(A) Continues to perform the duties of the Chairman of Rajya Sabha.
(B) Receives salaries of both President and Chairman of Rajya Sabha.
(C) Is appointed by the Chief Justice of India.
(D) Ceases to perform the duties of the Chairman of Rajya Sabha.

21. Consider the following statements about the Prime Minister of India:
1. He is appointed by the President.
2. He must be a member of the Lok Sabha at the time of appointment.
3. He advises the President on the appointment of other ministers.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 1, 2 and 3

22. The "Collective Responsibility" of the Council of Ministers, as per Article 75(3), is towards which body?
(A) The President
(B) The Lok Sabha
(C) The Prime Minister
(D) The Parliament

23. Which of the following best describes the position of the Prime Minister in the Cabinet?
(A) Head of the State
(B) Agent of the President
(C) Coordinating officer of the Parliament
(D) Primus inter pares (First among equals)

24. Match List I with List II and select the correct answer using the codes given below:
List I: (Officer)
P. Attorney General of India
Q. Advocate General of State
R. Prime Minister
S. Governor
List II: (Relevant Article)
1. Article 76
2. Article 165
3. Article 75
4. Article 155

Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-1, Q-3, R-2, S-4
(D) P-4, Q-2, R-3, S-1

25. Which of the following is NOT a function of the Cabinet Secretariat?
(A) Preparation of agenda for Cabinet meetings.
(B) Providing secretarial assistance to Cabinet Committees.
(C) Directing the legislative business of the Lok Sabha.
(D) Coordination between various ministries.

26. Who is the "link" between the Council of Ministers and the President according to Article 78?
(A) The Prime Minister
(B) The Speaker of Lok Sabha
(C) The Vice President
(D) The Cabinet Secretary

27. Arrange the following steps in the impeachment of the President as per Article 61:
1. Investigation of charges by the second House
2. Framing of charges in either House of Parliament
3. Passing of resolution by a majority of two-thirds of total membership in the first House
4. Giving 14 days' notice in writing

(A) 4-2-3-1
(B) 2-4-3-1

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(C) 4-2-1-3
(D) 2-4-1-3

28. The Governor of a State is appointed by:
(A) The Chief Minister of the State
(B) The President of India
(C) The Chief Justice of the High Court
(D) The Prime Minister of India

29. The following question consists of two statements, Assertion (A) and Reason (R). Choose the correct option from the codes given below:
Assertion (A): The Governor holds office during the pleasure of the President.
Reason (R): The Governor is an agent of the Central Government.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

30. Which of the following is a discretionary power of the Governor?
(A) Appointing the Chief Minister when no party has a clear majority.
(B) Promulgating ordinances.
(C) Granting pardon to a person convicted of murder.
(D) Reserving a bill for the consideration of the President.

31. Consider the following statements regarding the Attorney General of India:
1. He has the right of audience in all courts in India.
2. He has the right to speak and take part in the proceedings of both Houses.
3. He has the right to vote in the Parliament.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

32. Which of the following pairs is INCORRECTLY matched?
(A) Article 74 - Council of Ministers to aid and advise President
(B) Article 75 - Appointment of Ministers
(C) Article 163 - Council of Ministers to aid and advise Governor
(D) Article 167 - Duties of Governor to inform Chief Minister

33. Match List I (Emergency) with List II (Impact) and select the correct answer using the codes given below:
List I: (Emergency)
P. National Emergency
Q. President's Rule
R. Financial Emergency
S. Ordinance Making
List II: (Impact)
1. Suspension of State Assembly
2. Reduction of salaries of Judges
3. Central government can give directions to any State on any matter
4. Legislative power of the Executive
Codes:
(A) P-1, Q-3, R-4, S-2
(B) P-3, Q-1, R-2, S-4
(C) P-3, Q-2, R-1, S-4
(D) P-4, Q-1, R-2, S-3

34. Regarding the State Council of Ministers, which statement is true?
(A) They are collectively responsible to the State Legislative Assembly.
(B) They are collectively responsible to the Governor.
(C) The size of the council cannot exceed 15% of the Assembly strength.
(D) The Chief Minister is appointed by the President.

35. Who provides the oath of office to the Governor of a State?
(A) The President
(B) The Chief Justice of India
(C) The Chief Justice of the concerned High Court
(D) The outgoing Governor

36. What is the "Constitutional Position" of the President of India?
(A) Real Executive
(B) Military Dictator
(C) Supreme Judicial Head
(D) Nominal/Titular Executive

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37. The term "Cabinet" is mentioned in which Article of the Constitution?
(A) Article 74
(B) Article 75
(C) Article 352
(D) Article 78

38. The Advocate General of a State holds office during the pleasure of:
(A) The President
(B) The Governor
(C) The Chief Minister
(D) The Chief Justice of High Court

39. The following question consists of two statements, Assertion (A) and Reason (R). Choose the correct option from the codes given below:
Assertion (A): The Prime Minister is the head of the Council of Ministers.
Reason (R): The Council of Ministers cannot exist without the Prime Minister.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

40. Which of the following statements about the Cabinet Committees is INCORRECT?
(A) Only Cabinet Ministers can be members.
(B) They are established extra-constitutional bodies.
(C) They are formally established by the Prime Minister.
(D) They help in significantly reducing the workload.

41. Consider the following statements regarding the Governor's legislative powers:
1. He can nominate one-sixth of the members of the Legislative Council.
2. He can summon a joint sitting of the State Legislature.
3. He can reserve certain bills for the consideration of the President.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 1, 2 and 3

42. Match List I with List II and select the correct answer using the codes given below:
List I: (Functionary)
P. President
Q. Governor
R. Prime Minister
S. Vice President
List II: (Role)
1. Chancellor of State Universities
2. Visitor of Central Universities
3. Ex-officio Chairman of Rajya Sabha
4. Chairman of NITI Aayog

Codes:
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-4, S-1
(D) P-3, Q-1, R-2, S-4

43. Article 75(1) states that the Prime Minister shall be appointed by:
(A) The Lok Sabha
(B) The Parliament
(C) The Chief Justice of India
(D) The President

44. Which of the following is considered a judicial power of the President of India?
(A) Appointing the Prime Minister
(B) Summoning the Houses of Parliament
(C) Seeking advice from the Supreme Court on questions of law
(D) Appointing the Speaker of the Lok Sabha

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45. Which of the following is NOT part of the Union Executive?
(A) The President
(B) The Vice President
(C) The Speaker of Lok Sabha
(D) The Attorney General

46. Which pair is correctly matched in terms of executive heads?
(A) Union - Prime Minister
(B) Cabinet - Cabinet Secretary
(C) Rajya Sabha - Vice President
(D) State - Governor

47. The "individual responsibility" of a Union Minister means he holds office during the pleasure of:
(A) The President
(B) The Prime Minister

(C) The Parliament
(D) The Lok Sabha

48. What happens to the Council of Ministers if the Prime Minister resigns?
(A) The Vice President takes over.
(B) The Council of Ministers stands dissolved.
(C) The President appoints a new PM from the same council.
(D) The Lok Sabha is dissolved.

49. The following question consists of two statements, Assertion (A) and Reason (R). Choose the correct option from the codes given below:
Assertion (A): The President can return a Money Bill for reconsideration to the Parliament.
Reason (R): Money Bills can only be introduced with the prior recommendation of the President.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

50. Under Article 356, the President's Rule is imposed in a State on the ground of:
(A) Failure of constitutional machinery.
(B) Occurrence of war or external aggression.
(C) Outbreak of internal armed rebellion.
(D) Situation of extreme financial instability.

51. Consider the following statements regarding the Attorney General (AG):
1. The AG is the highest law officer in the country.
2. The AG must be qualified to be appointed a Judge of the Supreme Court.
3. The AG is a full-time counsel for the Government.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

52. The 91st Constitutional Amendment Act limited the size of the Council of Ministers to what percentage of the Lok Sabha's total strength?
(A) 10%
(B) 12%
(C) 15%
(D) 20%

53. Who acts as the President when both the offices of President and Vice President are vacant?
(A) The Speaker of Lok Sabha
(B) The Prime Minister
(C) The Chief Justice of India
(D) The Senior-most Governor

54. The President's power to grant pardon under Article 72:
(A) Cannot be questioned in a court of law.
(B) Is subject to judicial review.
(C) Is a discretionary power.
(D) Is exercised only in civil cases.

55. Which Article specifies the duties of the Chief Minister in relation to the Governor?
(A) Article 163
(B) Article 164
(C) Article 167
(D) Article 166

56. The maximum term of the Governor of a State is:
(A) 5 years
(B) 6 years
(C) During the pleasure of the President
(D) Fixed by the State Legislature

57. Which of the following is a financial power of the Governor?
(A) He can ask the State Legislature to pass the budget.
(B) No demand for a grant can be made except on his recommendation.
(C) He can authorize the withdrawal of money from the Consolidated Fund of India.
(D) He can declare a financial emergency in the state.

58. The Cabinet Secretariat is under the direct charge of:
(A) The Prime Minister
(B) The Home Minister
(C) The President
(D) The Cabinet Secretary

59. Who among the following is NOT appointed by the President?
(A) The Attorney General of India
(B) The Comptroller and Auditor General

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(C) The Advocate General of a State
(D) The Governor of a State

60. Which of the following is the correct definition of "Reprieve"?
(A) Substitution of one form of punishment for a lighter form.
(B) Reducing the period of sentence without changing its character.
(C) Stay of the execution of a sentence for a temporary period.
(D) Total acquittal of the convict.

61. The Vice President can be removed from office by a resolution passed by:
(A) Lok Sabha resolution passed by a simple majority.
(B) Both Houses of Parliament with a two-thirds majority.
(C) Rajya Sabha absolute majority agreed to by Lok Sabha.
(D) The President acting on the advice of the Cabinet.

62. Which Article provides that there shall be a Council of Ministers with the Prime Minister at the head to aid and advise the President?
(A) Article 74(1)
(B) Article 75(1)
(C) Article 74(2)
(D) Article 75(2)

63. The Governor can nominate members to the State Legislative Council from which of the following fields?
(A) Art and Science
(B) Literature and Social Service
(C) Cooperative Movement
(D) Literature, Science, Art, Social Service, and Cooperative Movement

64. Which of the following is an INCORRECT statement regarding the Chief Minister?
(A) He is the head of the state government.
(B) He is appointed by the Governor.
(C) He holds office during the pleasure of the President.
(D) He communicates all decisions of the Council of Ministers to the Governor.

65. A person who is not a member of either House of Parliament can be appointed as a Minister for a maximum period of:
(A) 3 months
(B) 6 months
(C) 9 months
(D) 12 months

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66. The "Pocket Veto" power of the President implies:
(A) Keeping a bill pending indefinitely.
(B) Returning a bill for further reconsideration.
(C) Formally refusing to sign the proposed bill.
(D) Sending the bill to the Supreme Court for review.

67. Which of the following emergency provisions has never been invoked in India?
(A) National Emergency
(B) President's Rule
(C) Financial Emergency
(D) All of these have been invoked.

68. The Chief Minister advises the Governor on the appointment of:
(A) The Chairman of the State Public Service Commission.
(B) The Advocate General.
(C) The State Election Commissioner.
(D) The Advocate General, State Election Commissioner, and Chairman of SPSC.

69. Under Article 123, an ordinance can be issued only when:
(A) The Lok Sabha is not in session.
(B) Both Houses of Parliament are not in session.
(C) Either of the two Houses of Parliament is not in session.
(D) The Prime Minister recommends it.

70. Which constitutional position is considered the "Chief Legal Advisor" to the Government of India?
(A) Chief Justice of India
(B) Law Minister
(C) Attorney General
(D) Solicitor General

71. Which of the following is a qualification for the office of the Vice President?

(A) Qualified for election as a member of Lok Sabha.
(B) Must have served as a Governor.
(C) Must be a member of any State Legislature.
(D) Qualified for election as a member of Rajya Sabha.

72. What is the status of the advice tendered by the Council of Ministers to the President?
(A) It is binding on the President.
(B) It is optional for the President to follow.
(C) It is subject to judicial inquiry.
(D) It can be ignored during a National Emergency.

73. The Governor of a State can be removed by:
(A) Impeachment by State Legislature.
(B) The Prime Minister.
(C) The President of India.
(D) A resolution of the Rajya Sabha.

74. "Collective Responsibility" means a no-confidence motion passed against one minister leads to the:
(A) Resignation of the whole Council.
(B) Resignation of that specific minister only.
(C) Removal of the Prime Minister only.
(D) Dissolution of the Rajya Sabha.

75. The Cabinet Secretariat reports to:
(A) The Cabinet Secretary.
(B) The Ministry of Home Affairs.
(C) The President.
(D) The Prime Minister.

76. Which Article empowers the President to appoint the Prime Minister?
(A) Article 74
(B) Article 75
(C) Article 76
(D) Article 77

77. The Governor's power to promulgate an ordinance is mentioned in:
(A) Article 123
(B) Article 213
(C) Article 161
(D) Article 200

78. Who is the "de jure" head of the State Government?
(A) The Chief Minister
(B) The Chief Justice of High Court
(C) The Speaker
(D) The Governor

79. The Attorney General holds office during the pleasure of:
(A) The President
(B) The Chief Justice of India
(C) The Prime Minister
(D) The Parliament

80. Which of the following is NOT an executive power of the President?
(A) Appointment of the PM.
(B) Appointment of the Speaker of Lok Sabha.
(C) Appointment of the CAG.
(D) Appointment of the Governors.

81. The Vice President of India is elected by:
(A) Same electoral college as used for the President.
(B) Elected members of both Houses.
(C) All members of both Houses of Parliament.
(D) The members of the Rajya Sabha exclusively.

82. The oath of the President is administered by:
(A) The Chief Justice of India
(B) The Vice President
(C) The Prime Minister
(D) The Speaker of Lok Sabha

83. Which of the following can the President NOT do?
(A) Dissolve the Lok Sabha.
(B) Summon the Parliament.
(C) Adjourn the Rajya Sabha.
(D) Address the joint session.

84. The Governor is the:
(A) Head of the State Legislature.
(B) Real executive of the State.
(C) Representative of the people.
(D) Constitutional head of the State.

85. In the case of a tie in the Rajya Sabha, the Vice President:
(A) Cannot vote.
(B) Votes like any other member.
(C) Has a casting vote.
(D) Refers the matter to the President.

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86. Article 76 deals with:
(A) The Prime Minister
(B) The Council of Ministers
(C) The Attorney General
(D) The Advocate General

87. Which among the following is the most appropriate description of the Cabinet?
(A) The larger body of all ministers.
(B) An advisory body to the Vice President.
(C) The body consisting of only the PM and Deputy PM.
(D) The inner circle of the Council of Ministers.

88. The Advocate General of a State has the right to:
(A) Speak in the State Assembly.
(B) Vote in the State Assembly.
(C) Become a Judge of the High Court automatically.
(D) Veto a state bill.

89. A state bill reserved by the Governor for the President:
(A) Must be signed by the President.
(B) Is automatically passed after 6 months.
(C) Can be returned by the President for reconsideration.
(D) Is sent back to the Governor for signature.

90. The term of office for the Vice President is:
(A) 6 years
(B) 5 years
(C) Co-terminus with the Lok Sabha
(D) Until the age of 65

91. Which Article says "there shall be a Governor for each State"?
(A) Article 152
(B) Article 153
(C) Article 154
(D) Article 155

92. The President's Rule under Article 356 can be extended for a maximum period of:
(A) 1 year
(B) 2 years
(C) 3 years
(D) Indefinitely

93. The Prime Minister is the Chairman of:
(A) NITI Aayog
(B) National Development Council
(C) Inter-State Council
(D) All the councils mentioned above

94. The Council of Ministers is headed by:
(A) The President
(B) The Cabinet Secretary
(C) The Speaker
(D) The Prime Minister

95. Who appoints the Advocate General of a State?
(A) The Governor
(B) The President
(C) The Chief Minister
(D) The Chief Justice of High Court

96. Which of the following is an executive power of the Governor?
(A) Appointing the Judges of the High Court.
(B) Appointing the State Election Commissioner.
(C) Dissolving the State Legislative Assembly.
(D) Pardoning a death sentence.

97. The Vice President can act as President for a maximum period of:
(A) 3 months
(B) 6 months
(C) 12 months
(D) 24 months

98. The Attorney General is:
(A) Not a member of the Cabinet.
(B) A member of the Cabinet.
(C) A member of the Lok Sabha.
(D) Appointed by the Chief Justice of India.

99. Which Article of the Constitution deals with the impeachment of the President?
(A) Article 52
(B) Article 56
(C) Article 61
(D) Article 72

100. The administrative head of the Cabinet Secretariat is the:
(A) Prime Minister
(B) Principal Secretary to PM
(C) Home Secretary
(D) Cabinet Secretary

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ANSWERS

1. (B) The President
Article 53 of the Constitution explicitly states that the executive power of the Union is vested in the President. This power is exercised by the President either directly or through officers subordinate to him in accordance with the constitutional provisions. Although the President is the formal head, the real executive powers are exercised by the Prime Minister.

2. (A) He is an integral part of the Parliament.
The Parliament of India comprises the President, the Rajya Sabha, and the Lok Sabha. The President is not a member of either house but is an integral part of the legislature because no bill can become law without receiving presidential assent. This structural arrangement ensures coordination between the executive and the legislative branches of the government.

3. (C) Elected members of State Legislative Assemblies
The electoral college for the presidential election consists of elected members from both houses of Parliament and the legislative assemblies of states. Nominated members of any house and members of legislative councils are excluded from this process. This inclusive system ensures that the President represents both the Union and the various states within the Indian federal structure.

4. (C) 35 years
Article 58 outlines the eligibility criteria for a person to be elected as the President of India. A candidate must be a citizen of India and have completed the minimum age of thirty-five years. Additionally, the individual must be qualified for election as a member of the Lok Sabha and must not hold any office of profit.

5. (C) Elected members of Parliament and State Legislative Assemblies
The President is elected by an electoral college defined under Article 54. It consists of the elected members of the Lok Sabha and Rajya Sabha, along with the elected members of the State Legislative Assemblies. Members of the legislative councils and nominated members of Parliament or assemblies are not permitted to participate in this specific electoral process.

6. (B) P-3, Q-1, R-4, S-2
Various constitutional articles define the roles and powers of the President. Article 54 pertains to the election of the President, while Article 61 details the procedure for impeachment. Article 72 empowers the President to grant pardons and reprieves. Article 123 provides the authority to promulgate ordinances when the Parliament is not in session for urgent legislation.

7. (D) The Vice President of India
According to Article 56, the President of India may resign from office by writing under their hand addressed to the Vice President. Upon receiving such a resignation, the Vice President is constitutionally required to communicate the matter to the Speaker of the Lok Sabha immediately. This process ensures a formal and documented transition in the highest executive office.

8. (A) Violation of the Constitution
The Constitution of India specifies only one ground for the impeachment of the President, which is the violation of the Constitution. The term remains undefined within the document itself. This serious process is initiated in either House of Parliament and requires a specific majority to remove the President from office before the completion of the term.

9. (A) Both A and R are true and R is the correct explanation of A.
The President is designated as the Supreme Commander of the Defence Forces of the Union under Article 53. This role reflects the constitutional principle of civilian control over the military. However, the exercise of this power is regulated by law passed by the Parliament, ensuring that the military remains accountable to the democratic legal framework of the country.

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10. (A) Summoning and proroguing the Houses of Parliament.
The President possesses significant legislative powers, including the authority to summon and prorogue both the Lok Sabha and the Rajya Sabha. Furthermore, the President can dissolve the Lok Sabha and address the first session of Parliament each year. These functions are essential for the formal operation of the legislative branch and are typically exercised on ministerial advice.

11. (C) Six months and six weeks
An ordinance promulgated by the President has the same force as an act of Parliament but is temporary. It must be laid before both Houses when they reassemble. If not approved, it expires six weeks after the reassembly. Since the maximum gap between parliamentary sessions is six months, the total lifespan of an ordinance is six months and six weeks.

12. (D) 1, 2 and 3
The President's power to grant pardons under Article 72 is an executive function that exists independently of the judiciary. This authority extends to all cases where the punishment is by a Court Martial or for offenses against Union laws. It serves as a check on judicial errors or an instrument of mercy, providing a final layer of relief.

13. (C) It can be declared on the ground of internal disturbance.
Article 352 allows the declaration of a National Emergency based on war, external aggression, or armed rebellion. The term internal disturbance was replaced by armed rebellion by the 44th Amendment Act to prevent its misuse. A written recommendation from the Cabinet is mandatory for the President to issue such a proclamation, ensuring collective ministerial responsibility for the decision.

14. (C) Article 360
Article 360 empowers the President to declare a Financial Emergency if the financial stability or credit of India is threatened. During such an emergency, the Union can give directions to any state to observe specified canons of financial propriety. This includes the reduction of salaries and allowances of all classes of persons serving the Union or the states.

15. (A) P-4, Q-3, R-1, S-2
The President's pardoning powers include various forms of relief for convicts. Reprieve involves a temporary stay of execution, while commutation replaces a harsh punishment with a lighter one. Remission reduces the duration of a sentence without altering its nature. Respite awards a lesser sentence due to specific factors like pregnancy or physical disability of the convict.

16. (B) Elected members of Legislative Assemblies
The Vice President is elected by an electoral college consisting of all members of both Houses of Parliament. Unlike the presidential election, this includes both elected and nominated members of the Lok Sabha and Rajya Sabha. However, members of the State Legislative Assemblies do not participate in the election of the Vice President, distinguishing it from the presidential process.

17. (D) Article 165 - Attorney General of India
Article 165 provides for the office of the Advocate General for each state, who is the highest law officer at the state level. The Attorney General of India is governed by Article 76 and serves as the primary legal advisor to the Union government. Articles 153, 155, and 161 correctly describe the Governor's office, appointment, and pardoning powers, respectively.

18. (B) 2-1-4-3
The process for the election of the President begins with the publication of a formal notification by the Election Commission. This is followed by the filing of nomination papers by the candidates. Once nominations are finalized, polling takes place across the country. Finally, the counting of votes is conducted to determine the winner based on the proportional representation system.

19. (B) Both A and R are true but R is not the correct explanation of A.
The Vice President of India holds the ex-officio position of Chairman of the Rajya Sabha as per constitutional provisions. This means the person holding the vice-presidential office automatically assumes the role of presiding officer of the upper house. Although the Vice President is elected by members of both Houses of Parliament, the

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election method does not explain the ex-officio status.

20. (D) Ceases to perform the duties of the Chairman of Rajya Sabha.
When the Vice President acts as the President due to a vacancy or absence, they cease to perform the duties of the Chairman of the Rajya Sabha. During this period, they are entitled to all the powers, immunities, and emoluments associated with the office of the President. The duties of the Chairman are then carried out by the Deputy Chairman.

21. (B) 1 and 3 only
The Prime Minister is appointed by the President, usually being the leader of the party with a majority in the Lok Sabha. The Prime Minister then advises the President on the appointment of other ministers. It is not mandatory for the Prime Minister to be a member of the Lok Sabha at the time of appointment, but they must join.

22. (B) The Lok Sabha
Article 75 explicitly states that the Council of Ministers is collectively responsible to the Lok Sabha. This means that the entire ministry stays or falls together as a single unit. If a no-confidence motion is passed by the Lok Sabha, the entire council, including ministers from the Rajya Sabha, must resign immediately to uphold democratic accountability.

23. (D) Primus inter pares (First among equals)
The Prime Minister is often described as primus inter pares, or first among equals, within the Cabinet. While the Prime Minister holds the same rank as other cabinet ministers, they exercise a dominant role as the head of the council. They decide the agenda for meetings and supervise the overall functioning of various government departments and ministries.

24. (A) P-1, Q-2, R-3, S-4
The Indian Constitution specifies various articles for key constitutional posts. Article 76 deals with the Attorney General of India, while Article 165 concerns the Advocate General for the states. Article 75 outlines the appointment and responsibilities of the Prime Minister and ministers. Article 155 governs the appointment of the Governor of a state by the President.

25. (C) Directing the legislative business of the Lok Sabha.
The Cabinet Secretariat provides essential support by preparing agendas for cabinet meetings and ensuring coordination between different ministries. It also provides secretarial assistance to various cabinet committees. However, directing the legislative business of the Lok Sabha is the responsibility of the Leader of the House and the Ministry of Parliamentary Affairs, rather than the administrative secretariat.

26. (A) The Prime Minister
Under Article 78, it is the constitutional duty of the Prime Minister to communicate all decisions of the Council of Ministers relating to the administration and legislation to the President. The Prime Minister serves as the primary channel of communication, ensuring that the President is kept informed about the affairs of the Union and any proposals for legislation.

27. (B) 2-4-3-1
The impeachment of the President involves a specific sequence of actions. First, charges are framed in either House of Parliament. A written notice of at least fourteen days must then be given. Subsequently, the first House passes the resolution by a two-thirds majority of the total membership. Finally, the second House investigates the charges to confirm the findings.

28. (B) The President of India
The Governor of a state is appointed by the President by warrant under his hand and seal. Although the Governor is the executive head of the state, they are essentially a nominee of the Central Government. This appointment process ensures that there is a link between the Union and the states, maintaining the federal integrity of the Indian political system.

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29. (B) Both A and R are true but R is not the correct explanation of A.
The Governor holds office during the pleasure of the President, meaning they can be removed at any time without a formal impeachment process. While the Governor acts as an agent of the Central Government, the term of pleasure is a constitutional provision regarding tenure and does not serve as an explanation for their administrative role as an agent.

30. (A) Appointing the Chief Minister when no party has a clear majority.
The Governor possesses certain discretionary powers where they act without the advice of the Council of Ministers. A primary example is the appointment of a Chief Minister when no single party or alliance has a clear majority in the State Legislative Assembly. In such cases, the Governor uses individual judgment to ensure the formation of a stable government.

31. (A) 1 and 2 only
The Attorney General has the right of audience in all courts across the territory of India. Additionally, the Attorney General can speak and participate in the proceedings of either House of Parliament or any joint sitting. However, despite being allowed to participate in parliamentary debates, the Attorney General does not possess the right to vote in these proceedings.

32. (D) Article 167 - Duties of Governor to inform Chief Minister
Article 167 defines the duties of the Chief Minister regarding the furnishing of information to the Governor. It does not describe the duties of the Governor toward the Chief Minister. Articles 74 and 75 correctly address the Union Council of Ministers, while Article 163 pertains to the aid and advice provided by the state cabinet to the Governor.

33. (B) P-3, Q-1, R-2, S-4
Different types of emergencies have distinct impacts on the federal and administrative structure. During a National Emergency, the Union can give directions to any state. President's Rule often leads to the suspension of the State Legislative Assembly. Financial Emergency allows for the reduction of judicial salaries, and ordinance-making represents the legislative power of the executive when Parliament is recessed.

34. (A) They are collectively responsible to the State Legislative Assembly.
Similar to the central level, the State Council of Ministers is collectively responsible to the State Legislative Assembly. This principle ensures that the executive remains accountable to the directly elected representatives of the people. While the Governor appoints the Chief Minister, the ministers remain in office only as long as they enjoy the confidence of the legislative house.

35. (C) The Chief Justice of the concerned High Court
Every person appointed as Governor must, before entering the office, make and subscribe to an oath or affirmation. This oath is administered by the Chief Justice of the High Court exercising jurisdiction in relation to that state. In the absence of the Chief Justice, the senior-most judge of that particular High Court performs this constitutional duty.

36. (D) Nominal/Titular Executive
The President of India is the nominal or titular executive head of the state, representing the dignity and unity of the nation. While all executive actions are taken in the name of the President, the real executive authority is vested in the Council of Ministers headed by the Prime Minister. This structure is characteristic of a parliamentary form of government.

37. (C) Article 352
The word cabinet was not originally present in the Constitution of India. It was inserted into Article 352 by the 44th Constitutional Amendment Act in 1978. This article specifies that the President can only proclaim a National Emergency after receiving a written communication of the decision from the Union Cabinet, which includes the Prime Minister and other senior ministers.

38. (B) The Governor
The Advocate General of a state is appointed by the Governor and holds office during the pleasure of the Governor. This means there is no fixed tenure or formal removal process specified in the Constitution for this post. Usually, the Advocate General resigns when the state government or the Council of Ministers that recommended the appointment changes or resigns.

39. (A) Both A and R are true and R is the correct explanation of A.
The Prime Minister is the keystone of the cabinet arch and the undisputed head of the Council of Ministers. The Council of Ministers cannot function or even exist without the Prime Minister. If the Prime Minister resigns or passes away, the entire council is automatically dissolved,

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highlighting the central role the PM plays in the existence of the executive.

40. (A) Only Cabinet Ministers can be members.
Cabinet Committees are extra-constitutional bodies established to reduce the workload of the Cabinet and facilitate deep policy examination. While they usually comprise cabinet ministers, non-cabinet ministers can also be members. They are set up by the Prime Minister according to the requirements of the time and can be standing or ad hoc in nature, performing vital coordination functions.

41. (B) 1 and 3 only
The Governor has the power to nominate one-sixth of the members of the State Legislative Council from various fields like literature and science. Additionally, the Governor can reserve certain bills passed by the state legislature for the President's consideration. However, the power to summon a joint sitting of the legislature does not reside with the Governor in the states.

42. (A) P-2, Q-1, R-4, S-3
Different high-ranking officials in India hold specific ex-officio roles. The President serves as the Visitor of all Central Universities, while the Governor acts as the Chancellor of State Universities. The Prime Minister is the Chairman of NITI Aayog, and the Vice President holds the position of ex-officio Chairman of the Rajya Sabha, presiding over its legislative sessions.

43. (D) The President
Article 75(1) states that the Prime Minister shall be appointed by the President. In accordance with parliamentary conventions, the President appoints the leader of the majority party in the Lok Sabha. If no party has a clear majority, the President exercises personal discretion to appoint an individual who can likely command the confidence of the lower house.

44. (C) Seeking advice from the Supreme Court on questions of law
One of the significant judicial powers of the President is the authority to seek the opinion of the Supreme Court on any question of law or fact under Article 143. This is known as advisory jurisdiction. While the advice provided by the Supreme Court is not binding on the President, it assists in making informed decisions on complex legal matters.

45. (C) The Speaker of Lok Sabha
The Union Executive consists of the President, the Vice President, the Prime Minister, the Council of Ministers, and the Attorney General of India. The Speaker of the Lok Sabha is a legislative officer who presides over the lower house of Parliament and is not considered part of the executive branch. This distinction maintains the separation of powers between government branches.

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46. (D) State - Governor
In the Indian constitutional framework, the Governor is the formal executive head of the state, just as the President is for the Union. While the Prime Minister is the real executive head at the Union level, the President is the formal head. The Vice President is the Chairman of the Rajya Sabha, and the Cabinet Secretary is an administrative officer.

47. (A) The President
Article 75 also contains the principle of individual responsibility, stating that Union ministers hold office during the pleasure of the President. This implies that the President can remove a minister even when the Council of Ministers enjoys the confidence of the Lok Sabha. However, the President exercises this power only on the advice of the Prime Minister.

48. (B) The Council of Ministers stands dissolved.
The Prime Minister occupies a central position in the Council of Ministers, and the council's existence is tied to the PM's tenure. If the Prime Minister resigns or dies, the entire Council of Ministers is automatically dissolved. This occurs because the council is formed based on the Prime Minister's advice, and without the head, the body cannot function.

49. (D) A is false but R is true.
The President cannot return a Money Bill for reconsideration to the Parliament because it is usually introduced with the President's prior recommendation. The President can either give assent or withhold assent to a Money Bill but does not have the power of suspensive veto over

it. This rule ensures that the financial business of the government is not delayed.

50. (A) Failure of constitutional machinery.
Article 356 allows for the imposition of President's Rule in a state if the President is satisfied that the government of the state cannot be carried on in accordance with the provisions of the Constitution. This is often referred to as the failure of constitutional machinery. It results in the Union taking over the executive functions of the state government.

51. (A) 1 and 2 only
The Attorney General is the highest law officer in India and must be qualified to be appointed as a Supreme Court judge. While the AG represents the government, they are not a full-time counsel or a civil servant. The AG is allowed to maintain a private legal practice, provided they do not argue against the interests of the government.

52. (C) 15%
The 91st Constitutional Amendment Act of 2003 introduced a limit on the size of the Council of Ministers to prevent bloated cabinets. It stipulates that the total number of ministers, including the Prime Minister, in the Union Council of Ministers shall not exceed fifteen percent of the total strength of the Lok Sabha. A similar rule applies to state cabinets.

53. (C) The Chief Justice of India
In the event that both the offices of the President and the Vice President fall vacant simultaneously, the Chief Justice of India performs the functions of the President. If the Chief Justice is also unavailable, the senior-most judge of the Supreme Court who is available acts as the President. This ensures the continuity of the highest constitutional office.

54. (B) Is subject to judicial review.
While the power of pardon is an executive discretionary power, the Supreme Court has ruled that it is subject to judicial review. The court cannot examine the merits of the decision but can intervene if the power is exercised in an arbitrary, mala fide, or discriminatory manner. This ensures that the exercise of mercy remains within constitutional bounds and fairness.

55. (C) Article 167
Article 167 specifies the duties of the Chief Minister in relation to the Governor. It requires the Chief Minister to communicate all decisions of the Council of Ministers and to provide information regarding the administration of the state and proposals for legislation as the Governor may call for. This article facilitates coordination between the nominal and real executive.

56. (C) During the pleasure of the President
Although Article 156 mentions a normal term of five years for the Governor, it explicitly states that the Governor holds office during the pleasure of the President. This means the Governor has no security of tenure and can be removed by the President at any time. The five-year period is subject to the overriding principle of presidential pleasure and discretion.

57. (B) No demand for a grant can be made except on his recommendation.
The Governor exercises several financial powers within the state. One critical power is that no demand for a grant can be made in the state legislature except on the Governor's recommendation. Additionally, the Governor ensures that the annual financial statement or budget is laid before the house and oversees the state contingency fund for meeting any unforeseen expenditures.

58. (A) The Prime Minister
The Cabinet Secretariat is under the direct charge of the Prime Minister. While the Cabinet Secretary is the administrative head and the senior-most civil servant, the political responsibility and overall control rest with the Prime Minister. This setup allows the Prime Minister to ensure efficient coordination among various ministries and departments through a centralized administrative support system.

59. (C) The Advocate General of a State
The President appoints several high-ranking constitutional officials, including the Attorney General, the Comptroller and Auditor General, and the Governors of states. However, the Advocate General of a state is appointed by the Governor of that specific state. The Advocate General performs legal duties for the state

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government similar to those the Attorney General performs for the Union government.

60. (C) Stay of the execution of a sentence for a temporary period.
Reprieve is one of the five types of pardoning powers vested in the President. It specifically denotes a stay of the execution of a sentence, especially a death sentence, for a temporary period. The purpose of a reprieve is to allow the convict time to seek a pardon or commutation of the sentence from the President or Governor.

61. (C) Rajya Sabha absolute majority agreed to by Lok Sabha.
The Vice President can be removed from office by a resolution passed by a majority of all the then members of the Rajya Sabha, which is an absolute majority. This resolution must then be agreed to by the Lok Sabha with a simple majority. A formal impeachment process, like the one for the President, is not required for the Vice President.

62. (A) Article 74(1)
Article 74(1) provides for a Council of Ministers with the Prime Minister at the head to aid and advise the President in the exercise of his functions. Following the 42nd and 44th Amendments, this advice is generally binding on the President, although the President can require the council to reconsider such advice once before acting upon it.

63. (D) Literature, Science, Art, Social Service, and Cooperative Movement
The Governor has the authority to nominate members to the State Legislative Council from five specific fields. These include literature, science, art, social service, and the cooperative movement. This differs slightly from the President's power to nominate members to the Rajya Sabha, as the cooperative movement is uniquely included in the Governor's nomination criteria at the state level.

64. (C) He holds office during the pleasure of the President.
The Chief Minister is the head of the state government and is appointed by the Governor. While the CM holds office during the pleasure of the Governor, this pleasure is technically linked to the CM maintaining a majority in the Legislative Assembly. The Chief Minister does not hold office during the pleasure of the President, unlike the Governor.

65. (B) 6 months
According to the Constitution, a person who is not a member of either House of Parliament or a State Legislature can be appointed as a Minister. However, such an individual must become a member of the respective legislature within a period of six consecutive months. Failure to do so results in the automatic termination of their tenure as a minister.

66. (A) Keeping a bill pending indefinitely.
The pocket veto refers to the President's power to neither give assent nor return a bill for reconsideration, effectively keeping it pending for an indefinite period. Since the Constitution does not prescribe a time limit for the President to take action on a bill, this inaction results in the bill being "pocketed," thereby preventing it from becoming law.

67. (C) Financial Emergency
Although India has faced several economic challenges since independence, a Financial Emergency under Article 360 has never been declared in the country. In contrast, National Emergencies have been proclaimed thrice, and President's Rule has been imposed in various states on numerous occasions. This highlights the rare and extreme nature of the financial emergency provision.

68. (D) The Advocate General, State Election Commissioner, and Chairman of SPSC.
The Chief Minister plays a decisive role in state administration by advising the Governor on key appointments. This includes the appointment of the Advocate General, the Chairman and members of the State Public Service Commission, and the State Election Commissioner. The Governor typically acts upon the advice of the Chief Minister and the state cabinet in these matters.

69. (C) Either of the two Houses of Parliament is not in session.
The President can only issue an ordinance under Article 123 when the Parliament is not in session. Specifically, this applies if both Houses are not

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in session or if either of the two Houses is not in session. Since a law requires the approval of both Houses, the absence of even one House makes it impossible to pass regular legislation.

70. (C) Attorney General
The Attorney General for India is the chief legal advisor to the Government of India and its primary lawyer in the Supreme Court. Appointed by the President under Article 76, the AG performs various legal duties assigned by the President and has the right to participate in parliamentary proceedings to provide legal perspectives on proposed legislation.

71. (D) Qualified for election as a member of Rajya Sabha.
To be eligible for the office of Vice President, a person must be a citizen of India, at least thirty-five years of age, and qualified for election as a member of the Rajya Sabha. This requirement differs from the presidential qualification, where the candidate must be qualified for election as a member of the Lok Sabha instead of the upper house.

72. (A) It is binding on the President.
The 42nd Amendment made the advice of the Council of Ministers binding on the President. The 44th Amendment added a proviso allowing the President to send the advice back for reconsideration once. However, if the council sends the same advice again, the President is constitutionally obligated to act in accordance with it, cementing the role of the cabinet.

73. (C) The President of India.
The Governor is appointed by the President and holds office during the President's pleasure. Consequently, the President has the authority to remove the Governor from office at any time without assigning any reason. There is no provision for the impeachment of a Governor by the State Legislature, making the position highly dependent on the central executive's discretion.

74. (A) Resignation of the whole Council.
Collective responsibility is a fundamental principle where the Council of Ministers is accountable as a team to the Lok Sabha. If the house passes a no-confidence motion against even a single minister or rejects a government policy, it is considered a loss of confidence in the entire government. Consequently, the whole Council of Ministers, including the PM, must resign.

75. (D) The Prime Minister.
The Cabinet Secretariat operates directly under the Prime Minister's authority. Its primary objective is to facilitate smooth decision-making by providing secretarial assistance to the Cabinet and its committees. It handles the preparation of agendas, records minutes of meetings, and monitors the implementation of cabinet decisions, ensuring that the Prime Minister's executive directives are properly coordinated across ministries.

76. (B) Article 75
Article 75 of the Constitution contains several provisions regarding the Union ministers. Clause (1) specifically empowers the President to appoint the Prime Minister. The other ministers are then appointed by the President based on the advice given by the Prime Minister. This article also establishes the principles of collective responsibility and the tenure of the Council of Ministers.

77. (B) Article 213
Article 213 grants the Governor the power to promulgate ordinances during the recess of the State Legislature. This power is similar to the President's ordinance-making power under Article 123. An ordinance issued by the Governor has the same force as an act of the legislature but must be approved by the state legislature within six weeks of its reassembly.

78. (D) The Governor
The Governor is the de jure, or legal, head of the state government, while the Chief Minister is the de facto, or real, head. All executive actions of the state government are formally taken in the name of the Governor. This dual structure mirrors the central government's arrangement where the President acts as the formal head and the PM leads.

79. (A) The President
The Attorney General for India is appointed by the President and holds office during the pleasure of the President. There is no fixed term or age

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limit for retirement specified in the Constitution. The Attorney General typically resigns when the government changes, as the appointment is made based on the recommendation of the Union Council of Ministers.

80. (B) Appointment of the Speaker of Lok Sabha.
The President's executive powers include appointing the Prime Minister, the Comptroller and Auditor General, and Governors. However, the Speaker of the Lok Sabha is elected by the members of the House from among themselves. The President only appoints a Speaker Pro-tem to conduct the initial proceedings, but the permanent Speaker is a choice of the legislative body.

81. (C) All members of both Houses of Parliament.
The Vice President of India is elected by an electoral college consisting of all members of the Lok Sabha and the Rajya Sabha. This includes both the elected and the nominated members. This is a key difference from the presidential election, where only elected members participate and state legislative assemblies are involved in the electoral college process.

82. (A) The Chief Justice of India
Before assuming office, the President must take an oath to preserve, protect, and defend the Constitution and the law. This oath is administered by the Chief Justice of India. In the event of the Chief Justice's absence, the senior-most judge of the Supreme Court available at the time is responsible for administering the oath to the President.

83. (C) Adjourn the Rajya Sabha.
The President has the power to summon and prorogue both Houses of Parliament and to dissolve the Lok Sabha. However, the power to adjourn a House, which means suspending the sitting for a short period, rests solely with the presiding officer of that House. For the Rajya Sabha, this power belongs to the Chairman or the person presiding.

84. (D) Constitutional head of the State.
The Governor serves as the constitutional head of the state and acts as a vital link between the Union government and the state government. While the real executive powers are exercised by the Council of Ministers headed by the Chief Minister, the Governor ensures that the state administration is carried out in accordance with the provisions of the Constitution.

85. (C) Has a casting vote.
As the ex-officio Chairman of the Rajya Sabha, the Vice President does not vote in the first instance on any matter. However, in the case of an equality of votes, the Vice President has and exercises a casting vote to resolve the tie. This ensures that the legislative process can proceed even when the house is evenly divided.

86. (C) The Attorney General
Article 76 of the Constitution provides for the office of the Attorney General for India. The President appoints a person who is qualified to be a judge of the Supreme Court to this position. The primary duty of the Attorney General is to give legal advice to the government and perform other legal duties as assigned by the President.

87. (D) The inner circle of the Council of Ministers.
The Cabinet is a smaller, more powerful body within the larger Council of Ministers. It usually consists of the most senior ministers who hold the primary portfolios. The Cabinet meets frequently and is responsible for making major policy decisions of the government. It acts as the core decision-making unit that directs and supervises the administration of the Union.

88. (A) Speak in the State Assembly.
The Advocate General of a state has the right to speak and take part in the proceedings of both Houses of the State Legislature or any committee where they may be named a member. However, similar to the Attorney General at the Union level, the Advocate General does not have the right to vote in these legislative proceedings or committees.

89. (C) Can be returned by the President for reconsideration.
When the Governor reserves a state bill for the President's consideration, the President can either give assent, withhold assent, or return the bill for reconsideration by the state legislature. If the bill is returned and passed again by the legislature, the President is not constitutionally

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bound to give assent, which is a significant difference from the central process.

90. (B) 5 years
The Vice President of India is elected for a term of five years from the date of entering office. However, the Vice President can resign at any time by writing to the President or can be removed by a resolution of the Rajya Sabha. The Vice President can also continue to hold office beyond the five-year term until a successor joins.

91. (B) Article 153
Article 153 states that there shall be a Governor for each state in India. However, the 7th Constitutional Amendment Act of 1956 added a proviso that allows for the appointment of the same person as Governor for two or more states. This provides flexibility in the administration and appointment of executive heads for smaller or neighboring states.

92. (C) 3 years
Proclaimed under Article 356, President's Rule must be approved by Parliament within two months. Initially, it lasts for six months and can be extended every six months. However, the maximum period for which it can remain in force is three years. Beyond one year, certain conditions regarding the proclamation of a National Emergency or election status must be met.

93. (D) All the councils mentioned above
The Prime Minister serves as the Chairman of several significant high-level bodies that influence national policy and planning. These include NITI Aayog, which replaced the Planning Commission, the National Development Council, and the Inter-State Council. The Prime Minister's leadership in these councils ensures effective coordination between the central government and various state administrations on development and federal issues.

94. (D) The Prime Minister
The Prime Minister is the head of the Union Council of Ministers. The Council cannot exist or function effectively without its head. The Prime Minister allocates portfolios among the ministers and presides over cabinet meetings. If the Prime Minister resigns, the entire council falls, reflecting the leader's central role in the parliamentary system of the Indian government.

95. (A) The Governor
The Governor of a state appoints the Advocate General, who must be qualified for appointment as a judge of a High Court. The Advocate General is the highest law officer in the state and serves as the primary legal advisor to the state government. This official holds office during the pleasure of the Governor and has no fixed tenure.

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96. (B) Appointing the State Election Commissioner.
The Governor exercises executive powers such as appointing the Chief Minister, other ministers, and the State Election Commissioner. While the Governor appoints the SEC, the commissioner can only be removed in a manner similar to a High Court judge. Appointing High Court judges is a power of the President, and dissolving the assembly is a legislative function of the Governor.

97. (B) 6 months
When the office of the President falls vacant due to death, resignation, or removal, the Vice President acts as the President. This arrangement is temporary and can last for a maximum of six months. During this period, an election must be held to fill the vacancy for a new President who will then serve for a full five-year term.

98. (A) Not a member of the Cabinet.
The Attorney General is a constitutional appointee but is not a member of the Union Cabinet or the Council of Ministers. There is a separate Law Minister in the Cabinet to handle legal matters at the political level. The Attorney General remains an independent legal advisor who assists the government in various judicial forums without being part of the executive's policy-making body.

99. (C) Article 61
Article 61 of the Constitution details the specialized procedure for the impeachment of the President. It can be initiated by either House of Parliament based on charges of violating the Constitution. The resolution must be passed by a majority of at least two-thirds of the total membership of both Houses after a thorough investigation of the alleged constitutional violation.

100. (D) Cabinet Secretary

The Cabinet Secretary is the administrative head of the Cabinet Secretariat and the senior-most civil servant in India. This official serves as the ex-officio Chairman of the Civil Services Board and acts as a bridge between the political executive and the permanent bureaucracy. The Cabinet Secretary reports directly to the Prime Minister and ensures inter-ministerial coordination and administrative efficiency.

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CHAPTER 04
Judiciary

1. Which Article of the Indian Constitution provides for the establishment and constitution of the Supreme Court?
(A) Article 123
(B) Article 124
(C) Article 125
(D) Article 126

2. Which of the following best describes the nature of the Indian judiciary?
(A) Integrated and independent structure
(B) Dual and independent judicial system
(C) Unitary and dependent legal structure
(D) Decentralized and legislative system

3. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the options given below.
Assertion (A): The Indian Constitution provides for a single integrated judicial system.
Reason (R): The Supreme Court of India stands at the apex of the entire judicial administration in the country.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

4. Which of the following pairs is INCORRECTLY matched regarding Supreme Court jurisdictions?
(A) Article 131 – Original Jurisdiction of the Court
(B) Article 143 – Advisory Jurisdiction of the Court
(C) Article 32 – Writ Jurisdiction of the Court
(D) Article 13 – Appellate Jurisdiction

5. Consider the following statements regarding the qualifications for appointment as a judge of the Supreme Court:
1. He should be a citizen of India.
2. He should have been a judge of a High Court for at least five years.
3. He should be a distinguished jurist in the opinion of the Prime Minister.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

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6. What is the minimum age prescribed in the Constitution for appointment as a judge of the Supreme Court?
(A) 30 years of age is the threshold
(B) 35 years of age is the threshold
(C) 40 years of age is the threshold
(D) No minimum age is prescribed

7. Match the items in List I with the items in List II and select the correct answer using the codes given below:
List I: (Power/Concept)
P. Advisory Jurisdiction
Q. Writ Jurisdiction
R. Law declared binding
S. Original Jurisdiction
List II: (Article)
1. Article 141
2. Article 143
3. Article 131
4. Article 32
Codes:
(A) P-3, Q-1, R-4, S-2
(B) P-4, Q-2, R-3, S-1
(C) P-1, Q-3, R-2, S-4
(D) P-2, Q-4, R-1, S-3

8. Which of the following statements is INCORRECT regarding the removal of a Supreme Court judge?
(A) The judge is removed by the Chief Justice of India after an internal inquiry.

(B) The President issues the removal order after an address by Parliament.
(C) The address must be supported by a special majority in each House.
(D) The grounds for removal are proven misbehaviour or incapacity.

9. Under the Collegium system, who has the final say in the appointment of Supreme Court judges as per current practice?
(A) The President of India acting on ministerial advice
(B) The Law Minister of India in statutory consultation
(C) The Chief Justice of India and four senior-most judges
(D) The Prime Minister's Office in executive capacity

10. Consider the following judicial stages and arrange them in the correct chronological order as they occur in a judge's career:
1. Taking Oath
2. Appointment by President
3. Consultation with Collegium
4. Recommendation to the Ministry of Law

Which of the following represents the correct sequence?
(A) 3-4-2-1
(B) 4-3-1-2
(C) 2-1-3-4
(D) 1-2-4-3

11. Which of the following is NOT a ground for the Supreme Court to exercise its original jurisdiction?
(A) Dispute between the Government of India and one or more States
(B) Dispute between two or more States in the Indian federation
(C) Dispute regarding the election of the Vice-President of India
(D) Dispute between a citizen and the Government of India

12. To whom does a judge of the Supreme Court address his resignation?
(A) The Chief Justice of India
(B) The President of India
(C) The Speaker of Lok Sabha
(D) The Prime Minister

13. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the options given below.
Assertion (A): The Supreme Court is a court of record.
Reason (R): Its decisions are admitted to be of evidentiary value and cannot be questioned in any court.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

14. Which pair of High Court jurisdictions is correctly matched?
(A) Article 214 – Supervisory Jurisdiction
(B) Article 227 – Original Jurisdiction
(C) Article 215 – Appointment of Judges
(D) Article 226 – Writ Jurisdiction

15. Consider the following statements regarding Public Interest Litigation (PIL):
1. It is a product of judicial activism.
2. It allows any member of the public to file a petition for the redressal of public injury.
3. It strictly follows the traditional rule of 'Locus Standi'.

Which of the statements given above are correct?
(A) 1 and 3 only
(B) 2 and 3 only
(C) 1 and 2 only
(D) 1, 2, and 3

16. Read the following statements and select the correct option.
Statement I: The Supreme Court is the ultimate interpreter of the Constitution.
Statement II: Judicial review is the power of the judiciary to examine the constitutionality of legislative enactments.
(A) Statement I is correct, Statement II is incorrect.
(B) Statement I is incorrect, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

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17. Match the items in List I with the items in List II and select the correct answer using the codes given below:
List I: (Court Type)
P. Supreme Court
Q. High Court
R. District Court
S. Lok Adalat
List II: (Defining Feature)
1. Supervisory jurisdiction over subordinate courts
2. Settlement through compromise
3. Highest court of appeal
4. Appointed by the Governor
Codes:
(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-4, R-3, S-1

18. What does the term 'Locus Standi' relaxation mean in the context of PIL?
(A) Any public-spirited citizen can approach the court for others' rights.
(B) Only the aggrieved person can directly approach the court for relief.
(C) Only a legal professional can approach the court for the marginalized.
(D) The court cannot take any suo motu action under current legal rules.

19. If the Supreme Court finds a law to be in violation of the Fundamental Rights, which Article empowers it to declare such a law void?
(A) Article 13
(B) Article 14
(C) Article 15
(D) Article 16

20. Which authority is responsible for the establishment of High Courts for two or more States?
(A) The President of India
(B) The Chief Justice of India
(C) The Governors of concerned states
(D) The Parliament by law

21. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the options given below.
Assertion (A): The salaries and allowances of Supreme Court judges are not subject to the vote of Parliament.
Reason (R): This is to ensure the independence of the judiciary.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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22. Which of the following is an INCORRECT statement regarding the High Court?
(A) A High Court can issue writs for the enforcement of fundamental rights.
(B) The judges of a High Court are appointed by the Governor of the state.
(C) Every High Court is a court of record.
(D) The retirement age of a High Court judge is 62 years.

23. Consider the following statements regarding the Advisory Jurisdiction of the Supreme Court:
1. The President can seek the opinion of the SC on any question of law or fact.
2. The Supreme Court is bound to give its opinion on every matter referred.
3. The opinion expressed by the SC is binding on the President.
Which of the statements given above is/are correct?
(A) 1 only
(B) 1 and 2 only
(C) 2 and 3 only
(D) 1, 2, and 3

24. Which of the following is a correct pair regarding judicial bodies?
(A) NALSA – Free legal aid
(B) Sessions Court – Civil cases only
(C) District Court – Criminal cases only
(D) Lok Adalat – Permanent court of record

25. Match the items in List I with the items in List II and select the correct answer using the codes given below:
List I: (Jurisdiction)
P. Original

Q. Appellate
R. Writ
S. Supervisory

List II: (Scope)
1. Review of decisions of lower courts
2. Cases involving Fundamental Rights
3. Direct hearing of federal disputes
4. Power over all courts and tribunals in the state

Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-1, S-2
(C) P-3, Q-1, R-2, S-4
(D) P-2, Q-4, R-1, S-3

26. What is the primary purpose of the National Legal Services Authority (NALSA)?
(A) To provide free legal services to the weaker sections of society
(B) To advise the President on various complex legal matters
(C) To conduct judicial review of state legislative enactments
(D) To appoint judges of the various provincial subordinate courts

27. Arrange the hierarchy of the judiciary in India from top to bottom:
1. High Courts
2. Subordinate Courts
3. Supreme Court

Select the correct sequence:
(A) 1-2-3
(B) 2-1-3
(C) 3-2-1
(D) 3-1-2

28. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the options given below.
Assertion (A): Judicial activism is often criticized as judicial overreach.
Reason (R): Judicial activism involves the judiciary performing functions assigned to the executive or legislature.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

29. Which Article of the Constitution declares the law laid down by the Supreme Court to be binding on all courts in India?
(A) Article 131
(B) Article 141
(C) Article 142
(D) Article 144

30. Consider the following statements about Lok Adalats:
1. They have the same powers as are vested in a Civil Court.
2. An award of a Lok Adalat is final and binding on all parties.
3. No appeal lies to any court against the award of Lok Adalat.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

31. Which of the following is an INCORRECT pair of judicial terms?
(A) Advisory Jurisdiction – Power to try criminal cases
(B) Contempt of Court – Power to punish for disobedience
(C) Judicial Review – Power to strike down unconstitutional laws
(D) Habeas Corpus – Type of Writ

32. Match the items in List I with the items in List II and select the correct answer using the codes given below:
List I: (Legal Term)
P. Judicial Activism
Q. Judicial Review
R. Lok Adalat
S. NALSA

List II: (Description)
1. Power to check legislative actions
2. Proactive role of judiciary
3. Statutory body for legal aid
4. People's Court

Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3

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(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

33. Which of the following is NOT a safeguard for the independence of the judiciary in India?
(A) Security of tenure for judges
(B) Judges' salaries can be decreased by the Parliament at any time
(C) Salaries of judges are charged on the Consolidated Fund of India
(D) Power of the court to punish for its own internal contempt

34. A judge of a High Court can be transferred by:
(A) The President after consultation with the Chief Justice of India
(B) The Chief Justice of India acting in an individual capacity
(C) The Governor of the state where the judge is currently serving
(D) The Law Minister representing the executive branch of government

35. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the options given below.
Assertion (A): The writ jurisdiction of the High Court is wider than that of the Supreme Court.
Reason (R): High Courts can issue writs for both fundamental rights and other legal rights.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

36. Read the following statements and select the correct option.
Statement I: District judges are appointed by the Governor in consultation with the High Court.
Statement II: A person must have been an advocate for at least seven years to be eligible for appointment as a district judge.
(A) Statement I is correct, Statement II is incorrect.
(B) Statement I is incorrect, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

37. Consider the following statements regarding the control of the High Court over subordinate courts:
1. High Court is consulted by the Governor in matters of appointment of district judges.
2. High Court has the power of withdrawal of a case pending in a subordinate court.
3. High Court can settle the rules and forms for subordinate courts.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

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38. Which of the following jurisdictions is common to both the Supreme Court and High Courts?
(A) Advisory Jurisdiction
(B) Writ Jurisdiction
(C) Original Jurisdiction in federal disputes
(D) Supervisory Jurisdiction

39. Match the items in List I with the items in List II and select the correct answer using the codes given below:
List I: (Case Type)
P. Dispute between States
Q. Enforcement of Fundamental Rights
R. Appeal from High Court
S. Presidential reference
List II: (Jurisdiction)
1. Article 32
2. Article 131
3. Article 143
4. Article 132/133
Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

40. Which statement is INCORRECT regarding the composition of the Supreme Court?
(A) The judges are appointed by the Chief Justice of India.
(B) Originally, the SC consisted of 8 judges including the Chief Justice.
(C) The Parliament has the power to increase the number of judges.

(D) The Chief Justice of India is the head of the Indian Judiciary.

41. Under which Article does the High Court exercise supervisory jurisdiction over all courts and tribunals throughout the territories in relation to which it exercises jurisdiction?
(A) Article 226
(B) Article 227
(C) Article 228
(D) Article 229

42. Who is known as the "Guardian of the Constitution"?
(A) The Supreme Court
(B) The President
(C) The Parliament
(D) The Prime Minister

43. Which of the following is an essential requirement for a person to be appointed as a judge of the High Court?
(A) He must have been an advocate of a High Court for 5 years.
(B) He must be a distinguished jurist in the opinion of the Governor.
(C) He must be at least 45 years of age.
(D) He must have held a judicial office in India for 10 years.

44. Which judicial concept allows the court to take up a matter even if no formal petition is filed by the victim?
(A) Locus Standi
(B) Suo Motu Cognizance
(C) Appellate Jurisdiction
(D) Original Jurisdiction

45. Which of the following pairs is correctly matched?
(A) Article 124 – Establishment of State High Courts
(B) Article 226 – Writs issued by the Supreme Court
(C) Article 214 – Every state shall have a High Court
(D) Article 131 – Supreme Court advisory jurisdiction

46. What is the tenure of a Supreme Court judge?
(A) 5 years or 65 years of age
(B) 6 years or 65 years of age
(C) Until he attains the age of 62 years
(D) Until he attains the age of 65 years

47. Judicial review in the Indian Constitution is based on:
(A) Procedure established by law
(B) Due process of law in the legal system
(C) Rule of Law within the Indian context
(D) Precedents and Conventions of the court

48. A "Court of Record" is a court which:
(A) Maintains records of all its proceedings
(B) Has the power to punish for its contempt
(C) Possesses both the power to record proceedings and punish for contempt
(D) Exclusively records historical legal precedents

49. Which of the following is NOT within the appellate jurisdiction of the Supreme Court?
(A) General constitutional matters of law
(B) Inter-state water disputes
(C) Ordinary civil matters of dispute
(D) Various criminal matters of appeal

50. What does Article 13 of the Indian Constitution primarily deal with?
(A) Judicial Review of laws inconsistent with Fundamental Rights
(B) Appointment and tenure of various Supreme Court judges
(C) The original jurisdiction scope of the Supreme Court
(D) Establishment and administration of state High Courts

51. The concept of "Integrated Judiciary" in India means:
(A) Separate laws for State and Union administrations
(B) The Executive branch directly controls the Judiciary
(C) A single system of courts enforces both Central and State laws
(D) Only the Supreme Court has power to interpret the Constitution

52. High Court judges are removed from office in the same manner as:
(A) The Governor of a state

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(B) The Chief Minister of a state
(C) The Attorney General of India
(D) A Supreme Court Judge

53. Which of the following is a characteristic of Lok Adalats?
(A) Their final decision is entirely non-binding.
(B) Standard court fees are strictly mandatory.
(C) They are presided over by a sitting or retired judicial officer.
(D) Legal advocates are mandatory for all parties involved.

54. The power of the Supreme Court to issue writs for purposes other than fundamental rights is:
(A) Automatic under Article 32 of the Constitution
(B) Dependent on the Parliament's law
(C) Same as High Court's jurisdiction under Article 226
(D) Non-existent in the Indian judicial structure

55. Judicial Activism in India has been largely facilitated by:
(A) Article 143
(B) Article 131
(C) Article 214
(D) Public Interest Litigation (PIL)

56. The District Court judge is appointed by the Governor in consultation with the:
(A) High Court
(B) Chief Minister
(C) State Public Service Commission
(D) President

57. Which Article of the Constitution empowers the President to consult the Supreme Court?
(A) Article 124
(B) Article 131
(C) Article 143
(D) Article 32

58. The power to punish for contempt of court is given to:
(A) Both Supreme Court and High Courts
(B) Only the Supreme Court of India
(C) Only the High Courts of the states
(D) Only the various Subordinate Courts

59. Who among the following is consulted in the appointment of the Chief Justice of a High Court?
(A) The Governor of the State
(B) The Chief Justice of India
(C) Both (A) and (B)
(D) The Prime Minister

60. Legal aid for the poor is a concept closely associated with:
(A) Article 214
(B) NALSA
(C) Article 131
(D) Article 124

61. Which of the following statements about the Collegium system is correct?
(A) It is explicitly mentioned in Article 124 of the Constitution.
(B) It was introduced by the 42nd Constitutional Amendment Act.
(C) It is a system of judge-made law for judicial appointments.
(D) It includes the Prime Minister as a regular system member.

62. The salary of judges of the High Court is charged upon:
(A) The Consolidated Fund of India
(B) The Contingency Fund of India
(C) The Contingency Fund of the State
(D) The Consolidated Fund of the State

63. Which court has the power to issue writs for the enforcement of legal rights other than fundamental rights?
(A) High Court
(B) Supreme Court
(C) District Court
(D) Lok Adalat

64. The concept of Public Interest Litigation (PIL) originated in:
(A) India
(B) USA
(C) United Kingdom
(D) Australia

65. A dispute between two citizens regarding property is generally first heard in:
(A) The Supreme Court of India

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(B) Subordinate Courts
(C) Any High Court of the State
(D) NALSA legal aid centers

66. What is the qualification for a person to be a judge of a High Court regarding practice?
(A) 10 years as an advocate in one or more High Courts
(B) 5 years as an advocate practicing in the Supreme Court
(C) 15 years as a judicial officer in the lower judiciary
(D) 7 years as a District Judge in the subordinate courts

67. Which Article says "The Law declared by the Supreme Court shall be binding on all courts"?
(A) Article 13
(B) Article 124
(C) Article 141
(D) Article 226

68. The pension of a High Court judge is charged on:
(A) The Consolidated Fund of the State
(B) The Ministry of Law
(C) The State Legislature
(D) The Consolidated Fund of India

69. Judicial Review is considered a "Basic Structure" of the Constitution in which sense?
(A) It can be removed by a simple legislative majority vote.
(B) It applies only to state laws passed by the legislatures.
(C) It cannot be curtailed even by constitutional amendment.
(D) It is an optional power held by the President of India.

70. Which of the following is NOT a level in the subordinate judiciary?
(A) District Judge Court
(B) Tribunal Court
(C) Sessions Judge Court
(D) Munsiff Court

71. Locus Standi means:
(A) Power of the court to review laws
(B) Power to punish for contempt
(C) Right to appeal to the Supreme Court
(D) Right to appear and be heard in court

72. In which case can the Supreme Court exercise its advisory jurisdiction?
(A) On a question of law of public importance
(B) On a dispute arising out of pre-constitution treaties
(C) On both public importance questions and pre-constitution treaty disputes
(D) Only on criminal appeals

73. The "transfer of judges" from one High Court to another is done by the President after consulting:
(A) The Governor of the State
(B) The Chief Minister
(C) The Chief Justice of India
(D) The Law Commission

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74. Which of the following is the main objective of Lok Adalats?
(A) To provide a cheaper and faster way to settle disputes
(B) To punish criminals involved in various local offenses
(C) To interpret the Constitution for the general public
(D) To appoint judicial officers for the lower judiciary

75. The number of judges in a High Court is determined by:
(A) The Constitution
(B) The Parliament
(C) The Chief Justice of the High Court
(D) The President from time to time

76. "Judicial Activism" often leads to the judiciary:
(A) Restricting its role to constitutional interpretation only
(B) Expanding its role into the domain of Executive/Legislature
(C) Following the advice of the Cabinet on legal matters
(D) Abolishing the Collegium system through court orders

77. Under Article 226, a High Court can issue which of the following?
(A) Writs only for the enforcement of Fundamental Rights
(B) Writs only for the protection of Ordinary

Legal Rights
(C) Writs for both Fundamental and Ordinary Legal Rights
(D) Decrees for State Legislatures to enact specific laws

78. Which of the following is a function of NALSA?
(A) Appointing Supreme Court judges
(B) Reviewing the Constitution
(C) Issuing writs
(D) Organizing Lok Adalats

79. The oath of office to a High Court judge is administered by:
(A) The Governor of the State
(B) The Chief Justice of India
(C) The President of India
(D) The Chief Justice of the High Court

80. The Supreme Court's power of Judicial Review extends to:
(A) Legislative enactments passed by the Parliament only
(B) Both legislative enactments and executive orders
(C) Executive orders issued by the central government only
(D) Only constitutional amendments passed by two-thirds

81. Which Article provides for the appointment of ad hoc judges in the Supreme Court?
(A) Article 128
(B) Article 127
(C) Article 124
(D) Article 126

82. The subordinate judiciary in a state is under the direct control of:
(A) The High Court
(B) The Law Minister
(C) The Governor
(D) The Supreme Court

83. Which of the following is true about the Supreme Court?
(A) It is the highest court of appeal in India.
(B) It can review its own judgments.
(C) It protects the fundamental rights of citizens.
(D) It functions as the highest court of appeal, reviews its own judgments, and protects fundamental rights.

84. A person who has been a judge of the Supreme Court is barred from:
(A) Becoming the President of India
(B) Becoming a Governor
(C) Voting in elections
(D) Pleading in any court in India

85. Which writ is issued by a higher court to a lower court to quash its order?
(A) Mandamus
(B) Quo-Warranto
(C) Certiorari
(D) Prohibition

86. The concept of "Procedure Established by Law" is mentioned in which Article?
(A) Article 14
(B) Article 19
(C) Article 21
(D) Article 32

87. Which of the following is NOT part of the Supreme Court's jurisdiction?
(A) Original
(B) Appellate
(C) Advisory
(D) Executive

88. High Courts were first established in India in:
(A) 1862
(B) 1935
(C) 1950
(D) 1858

89. The Chief Justice of India is appointed by:
(A) The Parliament
(B) The Prime Minister
(C) The President
(D) The Law Minister

90. Which of the following describes the power of "Judicial Review"?
(A) Examining the constitutionality of laws
(B) Reviewing the performance of judges
(C) Reviewing the budget of the judiciary
(D) Reviewing the appointment of ministers

91. Which court is considered the "Court of Record" in a state?

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(A) The District Court
(B) The Lok Adalat
(C) The Revenue Court
(D) The High Court

92. Disputes relating to the election of the President are decided by:
(A) The Election Commission
(B) The Supreme Court
(C) The Parliament
(D) The High Court

93. The "Collegium" for Supreme Court appointments consists of:
(A) CJI + 2 senior judges
(B) CJI + Law Minister
(C) CJI + 4 senior judges
(D) CJI + President

94. Who can expand the jurisdiction of the Supreme Court?
(A) The President
(B) The Chief Justice of India
(C) The Cabinet
(D) The Parliament

95. The District Judge possesses:
(A) Both civil and criminal powers
(B) Civil powers only in local disputes
(C) Criminal powers only in minor cases
(D) Only various administrative powers

96. Which writ is issued to restrain a person from holding a public office to which he is not entitled?
(A) Habeas Corpus
(B) Quo-Warranto
(C) Mandamus
(D) Certiorari

97. The independence of the judiciary is part of:
(A) The Preamble of the Constitution only
(B) The Basic Structure of the Constitution
(C) Directive Principles of the State policy
(D) Fundamental Duties of the Indian citizen

98. Which Article deals with the establishment of High Courts for Union Territories?
(A) Article 241
(B) Article 214
(C) Article 226
(D) Article 231

99. In the Indian context, the "Final Interpreter" of the law is:
(A) The Parliament
(B) The President
(C) The Judiciary
(D) The People

100. Which body ensures that the weaker sections of the society get justice?
(A) Law Commission
(B) Bar Council
(C) Planning Commission
(D) NALSA

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ANSWERS

1. (B) Article 124
Article 124 of the Indian Constitution provides for the establishment and constitution of the Supreme Court of India. It specifies that there shall be a Supreme Court consisting of a Chief Justice and other judges. The Parliament has the power to increase the number of judges beyond the originally prescribed limit to meet the evolving legal needs of the nation.

2. (A) Integrated and independent structure
The Indian judiciary follows a single integrated system where the Supreme Court sits at the top, followed by High Courts and subordinate courts. This unified structure ensures that central and state laws are enforced consistently across the country. Additionally, the Constitution provides various safeguards to maintain the independence of judges from executive influence and political interference throughout their tenure.

3. (A) Both A and R are true and R is the correct explanation of A.
The Constitution of India establishes a single integrated judicial system for the entire country. Unlike federal systems where central and state courts are separate, the Indian hierarchy places the Supreme Court at the absolute apex. This structure facilitates the uniform application of law, as the Supreme Court oversees the functioning and decisions of all other courts in the territory.

4. (D) Article 13 – Appellate Jurisdiction
Article 13 of the Indian Constitution deals with laws inconsistent with or in derogation of Fundamental Rights, rather than appellate jurisdiction. Appellate jurisdiction is primarily covered under Articles 132 to 134. In contrast, Article 131 covers original jurisdiction, Article 143 covers advisory jurisdiction, and Article 32 empowers the Supreme Court to issue various writs for protecting fundamental rights.

5. (A) 1 and 2 only
To be appointed as a Supreme Court judge, a person must be an Indian citizen. They should have served as a High Court judge for five years or as an advocate for ten years. While a distinguished jurist can be appointed, this must be in the opinion of the President of India, rather than the Prime Minister or the cabinet.

6. (D) No minimum age is prescribed
The Indian Constitution specifies qualifications such as citizenship and judicial experience for appointment to the Supreme Court, but it does not prescribe a minimum age requirement. Instead, the focus remains on professional experience and expertise. However, there is a maximum age limit, as judges must retire upon reaching sixty-five years of age to ensure turnover within the judicial system.

7. (D) P-2, Q-4, R-1, S-3
The Supreme Court operates through various constitutional provisions defining its specific powers. Article 143 deals with the advisory jurisdiction of the President, while Article 32 covers writ jurisdiction for fundamental rights. Article 141 makes the law declared by the Supreme Court binding on all courts, and Article 131 establishes its original jurisdiction for resolving disputes between different federal units.

8. (A) The judge is removed by the Chief Justice of India after an internal inquiry.
A Supreme Court judge cannot be removed by the Chief Justice of India through an internal inquiry alone. The Constitution mandates a formal removal process involving the President after a joint address by Parliament. This address must be supported by a special majority in both Houses on grounds of proven misbehaviour or incapacity, ensuring high judicial security and professional independence.

9. (C) The Chief Justice of India and four senior-most judges
Under the current practice of the Collegium system, judicial appointments are driven by a group of senior judges. This body includes the Chief Justice of India and the four senior-

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most judges of the Supreme Court. They make recommendations to the executive for appointments, ensuring that the judiciary maintains a significant degree of autonomy in selecting its members for the bench.

10. (A) 3-4-2-1
The appointment process for a Supreme Court judge begins with consultations within the Collegium. After deliberation, the Collegium sends its formal recommendation to the Ministry of Law and Justice. Following executive clearance, the President of India officially appoints the judge. The process concludes when the appointee takes the oath of office before commencing their various judicial and administrative duties.

11. (D) Dispute between a citizen and the Government of India
The original jurisdiction of the Supreme Court, under Article 131, is reserved for federal disputes between the Center and States or among States. It does not extend to disputes between a citizen and the Government of India. Such cases are typically handled through other legal channels or writ petitions under Article 32 or Article 226 in the High Courts.

12. (B) The President of India
A judge of the Supreme Court holds office until the age of sixty-five. If a judge wishes to vacate their office before this tenure ends, they must submit a formal letter of resignation to the President of India. This procedure ensures that the resignation is processed by the same appointing authority, maintaining the formal hierarchy of the high judiciary.

13. (A) Both A and R are true and R is the correct explanation of A.
Article 129 of the Constitution defines the Supreme Court as a court of record. This status means its proceedings and decisions are recorded for perpetual memory and testimony. These records are admitted to be of evidentiary value and cannot be questioned when produced before any court. It also grants the court the power to punish for its own contempt.

14. (D) Article 226 – Writ Jurisdiction
Article 226 of the Indian Constitution empowers High Courts to issue writs for the enforcement of Fundamental Rights and for any other purpose. This makes the writ jurisdiction of the High Court broader than that of the Supreme Court. While Article 214 establishes High Courts for states, and Article 215 makes them courts of record, Article 226 remains the primary source.

15. (C) 1 and 2 only
Public Interest Litigation is a legal tool designed to protect the interests of the public or marginalized groups. It emerged from judicial activism and allows any public-spirited individual to approach the court for the redressal of public injury. This system relaxes the traditional rule of locus standi, which previously only allowed the aggrieved party to file a legal petition.

16. (C) Both statements are correct.
The Supreme Court serves as the ultimate interpreter and protector of the Constitution. Through the power of judicial review, the judiciary examines the constitutionality of legislative enactments and executive orders. If any law is found to be in violation of the constitutional framework, the courts have the authority to declare it void, thereby upholding the supremacy of the Indian Constitution.

17. (B) P-3, Q-1, R-4, S-2
The Indian judicial hierarchy distributes specific roles across different levels of courts. The Supreme Court acts as the highest court of appeal, while High Courts exercise supervisory jurisdiction over all subordinate courts in their territory. District judges are appointed by the Governor, and Lok Adalats focus on settling disputes through compromise and settlement, providing a faster alternative to traditional litigation.

18. (A) Any public-spirited citizen can approach the court for others' rights.
In the context of Public Interest Litigation, the relaxation of locus standi means that the court permits public-spirited citizens to file petitions on behalf of others. This is particularly important for marginalized sections who may lack the resources or knowledge to seek legal remedy. It ensures that justice is accessible to those suffering from the violation of their various constitutional rights.

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19. (A) Article 13
Article 13 of the Indian Constitution serves as a powerful tool for judicial review. It explicitly states that any law that is inconsistent with or in derogation of the Fundamental Rights shall be void. This provision empowers the judiciary to protect individual liberties by striking down legislative acts or executive orders that infringe upon the basic rights guaranteed to every Indian citizen.

20. (D) The Parliament by law
While each state is generally intended to have its own High Court, the Parliament has the authority to establish a common High Court for two or more states or union territories. This power is exercised by passing a law to that effect. It allows for administrative efficiency and the pooling of judicial resources across different regions within the Indian federal structure.

21. (A) Both A and R are true and R is the correct explanation of A.
The independence of the judiciary is a fundamental feature of the Indian Constitution. To protect judges from executive or legislative pressure, their salaries and allowances are charged on the Consolidated Fund of India. This means these expenses are not subject to the annual vote of Parliament. Such financial security ensures that judges can perform their duties without fear of economic retaliation.

22. (B) The judges of a High Court are appointed by the Governor of the state.
Although the High Court is the highest judicial body in a state, its judges are not appointed by the Governor. Instead, the President of India makes these appointments after consulting the Chief Justice of India and the Governor of the state concerned. Other features include the power to issue writs, its status as a court of record, and a retirement age.

23. (A) 1 only
Under Article 143, the President of India can seek the Supreme Court's opinion on questions of law or fact. However, the court is not always bound to give an opinion, especially on pre-constitutional treaties. Furthermore, any opinion expressed by the Supreme Court in this capacity is purely advisory and is not legally binding on the President or the executive branch.

24. (A) NALSA – Free legal aid
The National Legal Services Authority is a statutory body created to provide free legal aid to the weaker sections of society. It ensures that economic disabilities do not prevent citizens from obtaining justice. In contrast, Sessions Courts handle criminal matters, District Courts handle civil matters, and Lok Adalats are alternative dispute resolution forums rather than permanent courts of record.

25. (C) P-3, Q-1, R-2, S-4
The various jurisdictions of the Indian judiciary define its operational scope. Original jurisdiction allows for the direct hearing of federal disputes, while appellate jurisdiction involves reviewing decisions from lower courts. Writ jurisdiction is specifically used for cases involving Fundamental Rights. Finally, supervisory jurisdiction grants the High Court power over all subordinate courts and tribunals within its specific state territory or jurisdiction.

26. (A) To provide free legal services to the weaker sections of society
The primary objective of the National Legal Services Authority is to ensure that legal aid is available to marginalized and weaker sections of society. By providing free services, NALSA prevents economic barriers from obstructing access to the justice system. It also plays a key role in organizing Lok Adalats to facilitate the speedy and cost-effective resolution of various legal disputes.

27. (D) 3-1-2
The Indian judiciary is organized in a pyramidal structure characterized by a single integrated system. The Supreme Court occupies the apex position as the highest court in the country. Below it are the various High Courts located in different states. At the base of this hierarchy are the subordinate courts, including district and sessions courts, which handle the majority of litigation.

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28. (A) Both A and R are true and R is the correct explanation of A.
Judicial activism occurs when the judiciary takes a proactive role in protecting rights and ensuring social justice. However, when the courts begin to perform functions traditionally assigned to the executive or legislature, it is often criticized as judicial overreach. This tension reflects the delicate balance of power between the three branches of government within the Indian constitutional framework.

29. (B) Article 141
Article 141 of the Indian Constitution establishes the principle of judicial precedent at the highest level. It explicitly states that the law declared by the Supreme Court shall be binding on all courts within the territory of India. This ensures uniformity and certainty in the legal system, as lower courts must follow the interpretations and rulings provided by the apex court.

30. (D) 1, 2, and 3
Lok Adalats are alternative dispute resolution forums that possess the same powers as a civil court. Their primary goal is to settle disputes amicably through compromise. Once an award is made by a Lok Adalat, it is considered final and binding on all parties involved. No appeal lies to any court against such an award, ensuring a definitive legal resolution.

31. (A) Advisory Jurisdiction – Power to try criminal cases
Advisory jurisdiction refers to the power of the Supreme Court to provide opinions to the President on legal matters under Article 143, not the power to try criminal cases. Contempt of court allows for punishment of disobedience, while judicial review involves checking the constitutionality of laws. Habeas corpus is a specific type of writ used to protect against unlawful detention.

32. (B) P-2, Q-1, R-4, S-3
Various legal concepts define the functioning of the Indian judicial system. Judicial activism refers to the proactive role of the judiciary in social issues, while judicial review is the power to check legislative actions. Lok Adalats serve as "People's Courts" for amicable settlements, and NALSA is the statutory body responsible for providing free legal aid to the underprivileged sections.

33. (B) Judges' salaries can be decreased by the Parliament at any time
The independence of the judiciary is protected by several constitutional safeguards, such as security of tenure and charging salaries on the Consolidated Fund. Crucially, the Parliament cannot decrease the salaries of judges at its own discretion, except during a financial emergency. This prevents the legislature from using financial pressure to influence judicial decisions or compromise the impartiality of court members.

34. (A) The President after consultation with the Chief Justice of India
The transfer of a judge from one High Court to another is a significant administrative action. It is carried out by the President of India only after consulting the Chief Justice of India. This process is intended to ensure that such transfers are made in the public interest and maintain the integrity and efficiency of the higher judiciary across different states.

35. (A) Both A and R are true and R is the correct explanation of A.
While the Supreme Court can only issue writs for the enforcement of Fundamental Rights under Article 32, the High Courts have a broader scope under Article 226. High Courts can issue these writs for both Fundamental Rights and any other legal rights. This makes their writ jurisdiction wider, as it covers a larger variety of legal grievances beyond basic constitutional protections.

36. (C) Both statements are correct.
District judges occupy a key position in the subordinate judiciary and are appointed by the Governor of the state in consultation with the High Court. To be eligible for this appointment, a person must have been an advocate or a pleader for at least seven years. This ensures that appointees possess sufficient legal experience and professional maturity to handle various judicial responsibilities.

37. (D) 1, 2, and 3
The High Court exercises significant control over the subordinate judiciary to ensure administrative

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and judicial discipline. It is consulted by the Governor regarding the appointment and promotion of district judges. Additionally, the High Court can withdraw cases from lower courts for its own consideration and is empowered to settle the rules and forms for the proceedings of these subordinate courts.

38. (B) Writ Jurisdiction
Both the Supreme Court and High Courts share the power of writ jurisdiction, although their scopes differ. The Supreme Court exercises this power under Article 32 primarily for Fundamental Rights, while High Courts use Article 226 for both Fundamental and ordinary legal rights. This shared jurisdiction allows citizens to approach either level of the higher judiciary for the protection of their rights.

39. (D) P-2, Q-1, R-4, S-3
The Constitution assigns specific articles to different types of judicial matters. Article 131 covers disputes between states, while Article 32 is used for the enforcement of Fundamental Rights. Article 143 governs Presidential references for advisory opinions. Appellate matters from the High Court to the Supreme Court are handled under Articles 132 and 133, which provide the framework for various legal appeals.

40. (A) The judges are appointed by the Chief Justice of India.
The appointment of judges to the Supreme Court is an executive function performed by the President of India, not the Chief Justice of India. While the Chief Justice is consulted as part of the Collegium system, the formal power resides with the President. Parliament has the authority to increase the number of judges, which has grown since the court's original inception.

41. (B) Article 227
Article 227 of the Indian Constitution grants every High Court the power of superintendence over all courts and tribunals throughout the territories in relation to which it exercises jurisdiction. This supervisory role is broader than the writ jurisdiction under Article 226. It allows the High Court to ensure that subordinate courts function within the bounds of their authority and follow proper procedures.

42. (A) The Supreme Court
The Supreme Court is considered the "Guardian of the Constitution" because it has the final authority to interpret constitutional provisions. Through the power of judicial review, it ensures that neither the legislature nor the executive exceeds its constitutional limits. It also acts as the protector of Fundamental Rights, providing a remedy to citizens when their basic liberties are threatened or violated.

43. (D) He must have held a judicial office in India for 10 years.
To be eligible for appointment as a High Court judge, a person must meet specific professional criteria. One essential requirement is that the candidate must have held a judicial office in the territory of India for at least ten years. Alternatively, they may have been an advocate of a High Court for a period of ten years, ensuring substantial legal expertise.

44. (B) Suo Motu Cognizance
Suo motu cognizance is a unique judicial power that allows a court to take up a matter on its own motion without a formal petition being filed. This usually happens when the court becomes aware of a significant injustice or public issue through media reports or other sources. It is an important aspect of judicial activism used to protect public interests.

45. (C) Article 214 – Every state shall have a High Court
Article 214 of the Constitution provides that there shall be a High Court for each state. This is a foundational provision for the state judiciary. In contrast, Article 124 deals with the Supreme Court, Article 226 covers the writ jurisdiction of High Courts, and Article 131 establishes the original jurisdiction of the Supreme Court for various federal and inter-state disputes.

46. (D) Until he attains the age of 65 years
A judge of the Supreme Court does not have a fixed term in years, such as five or six. Instead, their tenure is determined by age, and they hold office until they attain sixty-five years. This age-based retirement ensures that the highest judiciary maintains a balance of experience and vitality, while providing security of tenure to the sitting judges until retirement.

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47. (A) Procedure established by law
In India, the concept of judicial review is primarily based on the "procedure established by law," as mentioned in Article 21. This means the courts check whether a law has been enacted following the correct legislative process and if it falls within the legislature's competence. While influenced by "due process," the Indian constitutional framework traditionally emphasizes the specific procedural requirements of law.

48. (C) Possesses both the power to record proceedings and punish for contempt
A "Court of Record" possesses two distinct characteristics that define its legal status and authority. First, it is required to maintain a permanent record of all its acts and judicial proceedings for future reference and evidentiary value. Second, it has the inherent power to punish for contempt of itself, ensuring that its authority and dignity are respected by all.

49. (B) Inter-state water disputes
The Supreme Court handles a wide range of appeals in constitutional, civil, and criminal matters. However, it does not have appellate jurisdiction over inter-state water disputes if they are specifically excluded by Parliament under Article 262. Such disputes are often referred to specialized tribunals, and the apex court's regular appellate role is restricted to maintain the unique resolution process for water.

50. (A) Judicial Review of laws inconsistent with Fundamental Rights
Article 13 is a crucial provision that establishes the foundation for judicial review in India. It declares that all laws that are inconsistent with or in derogation of Fundamental Rights shall be void. This empowers the judiciary to scrutinize legislative actions and strike down any provisions that violate the basic rights guaranteed to citizens, ensuring the supremacy of the constitutional framework.

51. (C) A single system of courts enforces both Central and State laws
An integrated judiciary means that India does not have a separate set of courts for central and state laws. Instead, there is a single hierarchy of courts, headed by the Supreme Court, that enforces both federal and state legislation. This system provides a unified legal framework and ensures consistency in the interpretation and application of justice across the entire nation.

52. (D) A Supreme Court Judge
To ensure the independence and integrity of the higher judiciary, High Court judges are given the same level of protection as Supreme Court judges. Consequently, they can only be removed from office by the President of India in the same manner and on the same grounds as a judge of the Supreme Court, involving a rigorous process within the Indian Parliament.

53. (C) They are presided over by a sitting or retired judicial officer.
Lok Adalats are designed to provide a simplified and accessible platform for dispute resolution. A key characteristic is that they are presided over by a sitting or retired judicial officer, often accompanied by other members like lawyers or social workers. They focus on settling cases through mutual agreement and compromise, bypassing the rigid and expensive procedures of traditional litigation.

54. (B) Dependent on the Parliament's law
While Article 32 limits the Supreme Court's writ jurisdiction to the enforcement of Fundamental Rights, Article 139 provides a mechanism for expansion. It allows Parliament to pass a law conferring on the Supreme Court the power to issue writs for other purposes. Thus, the court's ability to issue writs beyond constitutional rights is dependent on the enactment of such legislation by Parliament.

55. (D) Public Interest Litigation (PIL)
Judicial activism in India has been significantly advanced through the mechanism of Public Interest Litigation. PIL allows the courts to address systemic issues and protect the rights of the underprivileged who cannot approach the court themselves. By relaxing the strict rules of standing, the judiciary has been able to take a more proactive role in governance and social justice matters.

56. (A) High Court
The appointment, posting, and promotion of district judges in a state are the responsibility of the Governor. However, the Constitution

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mandates that the Governor must exercise this power in consultation with the High Court of that particular state. This consultation ensures that judicial appointments remain free from purely political influence and are based on the professional standards of the legal system.

57. (C) Article 143
Article 143 of the Indian Constitution empowers the President to refer any question of law or fact of public importance to the Supreme Court for its opinion. This is known as the advisory jurisdiction of the court. While the court provides its expertise, its opinion is not legally binding on the President, who may decide whether or not to act upon it.

58. (A) Both Supreme Court and High Courts
Both the Supreme Court and the High Courts in India are designated as courts of record. This status grants them the inherent power to punish for contempt of court, which includes any act that scandalizes the court or obstructs the administration of justice. This power is essential for maintaining the dignity, authority, and independence of the higher judiciary across the country.

59. (C) Both (A) and (B)
The appointment of the Chief Justice of a High Court involves multiple high-level consultations. The President of India makes the final appointment after consulting with the Chief Justice of India and the Governor of the state concerned. This collaborative process ensures that the head of the state's highest court is selected with the input of both central and state judicial authorities.

60. (B) NALSA
Legal aid for the poor is primarily facilitated by the National Legal Services Authority. Associated with Article 39A of the Directive Principles, NALSA ensures that justice is accessible to all, regardless of economic status. It provides free legal services and organizes Lok Adalats, representing a commitment to social justice and the protection of rights for marginalized sections of the population.

61. (C) It is a system of judge-made law for judicial appointments.
The Collegium system is not mentioned in the original text of the Constitution but is a product of judicial interpretations in the Three Judges Cases. It is essentially a system of "judge-made law" used for the appointment and transfer of judges in the higher judiciary. It consists of the Chief Justice of India and a group of senior-most judges of the court.

62. (D) The Consolidated Fund of the State
To maintain the independence of the state judiciary, the salaries and allowances of High Court judges are charged on the Consolidated Fund of the State. This means these expenses are not subject to the vote of the State Legislature. This financial arrangement protects judges from legislative pressure, though their pensions are uniquely charged on the Consolidated Fund of India after retirement.

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63. (A) High Court
High Courts have the power to issue writs under Article 226 for the enforcement of Fundamental Rights and for "any other purpose." This "any other purpose" includes the enforcement of ordinary legal rights. In contrast, the Supreme Court's writ jurisdiction under Article 32 is limited to Fundamental Rights unless Parliament expands this power by law, making the High Court's jurisdiction broader.

64. (B) USA
The concept of Public Interest Litigation originated in the United States in the mid-1960s to provide legal representation to unrepresented groups. In India, it was pioneered in the late 1970s and early 1980s by judges like Justice P.N. Bhagwati and Justice V.R. Krishna Iyer. It has since become a vital tool for judicial activism and social justice within India.

65. (B) Subordinate Courts
Disputes between citizens regarding property or other civil matters are typically categorized as original civil suits. These cases are generally first heard in the subordinate courts, specifically the court of the District Judge or other lower civil courts. Depending on the value of the suit and local laws, these courts serve as the initial forum for determining private legal disputes.

66. (A) 10 years as an advocate in one or more High Courts
To be qualified for appointment as a judge of a High Court, an individual must have specific legal experience. They must have been an advocate of a High Court, or of two or more such courts in succession, for at least ten years. Alternatively, they may have held a judicial office in India for the same period, ensuring deep legal knowledge.

67. (C) Article 141
Article 141 of the Constitution mandates that the law declared by the Supreme Court shall be binding on all courts within the territory of India. This provision ensures the uniformity of law and the principle of stare decisis. It means that any legal principle or interpretation established by the apex court must be followed by all High Courts and subordinate courts nationwide.

68. (D) The Consolidated Fund of India
While the salaries of High Court judges are paid by the state they serve, their pensions follow a different rule. The Constitution specifies that the pensions of High Court judges are charged on the Consolidated Fund of India. This arrangement ensures that the central government handles the long-term financial security of judges, regardless of which states they served in during their careers.

69. (C) It cannot be curtailed even by constitutional amendment.
The power of judicial review is considered a part of the "Basic Structure" of the Indian Constitution, as established in the Kesavananda Bharati case. This means that the power of the courts to examine the validity of laws cannot be taken away or curtailed even by a constitutional amendment. It serves as a permanent check on the exercise of legislative and executive powers.

70. (B) Tribunal Court
The subordinate judiciary consists of various levels such as District Judge courts, Sessions Judge courts, and Munsiff courts. While tribunals are quasi-judicial bodies that handle specific administrative or specialized disputes, they are not considered a standard level within the traditional hierarchy of the subordinate judiciary. Tribunals are usually created by specific statutes to deal with matters like taxes, labor, or the environment.

71. (D) Right to appear and be heard in court
Locus standi is a traditional legal doctrine that refers to the right of a party to appear and be heard in a court of law. Traditionally, only the person whose rights were directly violated had the standing to file a petition. However, this rule has been significantly relaxed in Public Interest Litigation to allow public-spirited individuals to seek justice for others.

72. (C) On both public importance questions and pre-constitution treaty disputes
The Supreme Court can exercise its advisory jurisdiction under Article 143 in two distinct scenarios. First, the President can seek its opinion on any question of law or fact of public importance. Second, the President can refer disputes arising out of any pre-constitution treaty, agreement, or covenant. In both cases, the court provides its expert legal analysis to the executive branch.

73. (C) The Chief Justice of India
The transfer of judges from one High Court to another is a process governed by Article 222 of the Constitution. The President of India carries out such transfers after consulting with the Chief Justice of India. This consultation is intended to ensure that transfers are made for administrative necessity or in the interest of justice, rather than as a form of punishment.

74. (A) To provide a cheaper and faster way to settle disputes
Lok Adalats are established to provide an alternative dispute resolution mechanism that is both faster and more affordable than traditional litigation. Their main objective is to settle pending cases through compromise and mutual agreement between the parties. By reducing the burden on regular courts and avoiding high legal fees, they make the justice system more efficient and accessible to everyone.

75. (D) The President from time to time
Unlike the Supreme Court, where the maximum number of judges is determined by Parliament, the number of judges in each High Court is not fixed by the Constitution. Instead, the President

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of India determines the strength of a High Court from time to time, taking into account the workload and the number of cases pending in that particular state court.

76. (B) Expanding its role into the domain of Executive/Legislature
Judicial activism describes a trend where the judiciary takes an energetic role in addressing social, environmental, and political issues. This often leads the courts to expand their role into domains traditionally reserved for the executive or the legislature. While seen as a way to protect rights, it can sometimes raise concerns regarding the separation of powers and potential judicial overreach.

77. (C) Writs for both Fundamental and Ordinary Legal Rights
Article 226 provides High Courts with an extensive writ jurisdiction that serves as a vital tool for justice. High Courts can issue various writs, such as Habeas Corpus or Mandamus, not only for the enforcement of Fundamental Rights but also for the protection of ordinary legal rights. This makes the remedial power of the High Court wider in scope than the Supreme Court.

78. (D) Organizing Lok Adalats
One of the primary functions of the National Legal Services Authority is to organize Lok Adalats across the country. These forums facilitate the amicable and speedy settlement of disputes, reducing the backlog in the traditional court system. By overseeing these efforts, NALSA ensures that legal remedies are accessible and effective for all citizens, particularly those from marginalized or disadvantaged backgrounds.

79. (A) The Governor of the State
Before assuming office, every person appointed as a judge of a High Court must take an oath or affirmation. This oath is administered by the Governor of the State in which the High Court is located, or by some person appointed by the Governor for this purpose. This ceremony marks the formal commencement of the judge's constitutional duties and judicial responsibilities.

80. (B) Both legislative enactments and executive orders
The Supreme Court's power of judicial review is comprehensive and covers both legislative and executive actions. The court can examine the constitutionality of laws passed by the Parliament and state legislatures, as well as the validity of executive orders issued by the government. Any act found to be in violation of the Constitution can be declared null and void by the court.

81. (B) Article 127
Article 127 of the Indian Constitution provides for the appointment of ad hoc judges in the Supreme Court. If at any time there is a lack of quorum of the judges of the Supreme Court to hold or continue any session, the Chief Justice of India may, with the consent of the President, request a High Court judge to serve.

82. (A) The High Court
The subordinate judiciary, which includes district and other lower courts, operates under the direct administrative and judicial control of the High Court of the respective state. The High Court oversees their functioning, manages the posting and promotion of judicial officers, and exercises supervisory jurisdiction. This ensures that the lower judiciary maintains high standards of performance and adheres to legal procedures.

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83. (D) It functions as the highest court of appeal, reviews its own judgments, and protects fundamental rights.
The Supreme Court of India is the most powerful judicial body in the country, serving several critical roles. It acts as the final court of appeal for all civil and criminal cases and has the unique power to review its own previous judgments. Additionally, it serves as the ultimate protector and guarantor of the fundamental rights of all Indian citizens.

84. (D) Pleading in any court in India
To ensure the impartiality of the judiciary and prevent future influence, the Constitution imposes certain restrictions on retired judges. A person who has held office as a permanent judge of the Supreme Court is strictly barred from pleading or acting in any court or before any authority within the territory of India. This maintains the dignity and integrity of the office.

85. (C) Certiorari
Certiorari is a writ issued by a higher court, such as the Supreme Court or a High Court, to a lower court or tribunal. Its primary purpose is to quash an order that has already been passed. This typically happens if the lower body acted without jurisdiction, exceeded its authority, or committed an error of law apparent on the record.

86. (C) Article 21
Article 21 of the Indian Constitution guarantees that no person shall be deprived of his life or personal liberty except according to "procedure established by law." This phrase implies that any state action affecting life or liberty must be authorized by a valid law that follows a prescribed procedure. It is a fundamental principle used by the judiciary to protect individual freedoms.

87. (D) Executive
The Supreme Court of India is vested with three main types of jurisdiction: original, appellate, and advisory. Original jurisdiction covers federal disputes, appellate jurisdiction involves hearing appeals from lower courts, and advisory jurisdiction allows it to give opinions to the President. However, it does not possess executive jurisdiction, as executive powers are reserved for the President and the Council of Ministers.

88. (A) 1862
The modern High Court system in India began in 1862 following the enactment of the Indian High Courts Act of 1861. In that year, High Courts were established in the three presidency towns of Calcutta, Bombay, and Madras. These institutions served as the highest courts in their respective provinces and laid the foundation for the current hierarchical judicial structure in India.

89. (C) The President
The Chief Justice of India is appointed by the President of India. By convention, the senior-most judge of the Supreme Court is usually recommended for this position. This appointment process ensures that the head of the judiciary is formally commissioned by the head of state, maintaining the constitutional protocol for high-level judicial appointments within the Indian democratic and legal framework.

90. (A) Examining the constitutionality of laws
Judicial review is the power of the judiciary to examine the constitutionality of legislative enactments and executive orders. If the court finds that a law or order violates the provisions of the Constitution, it has the authority to declare it unconstitutional and void. This power ensures that the government operates within the legal limits defined by the nation's supreme law.

91. (D) The High Court
Every High Court in India is designated as a "Court of Record" for its respective state. This means its judgments, proceedings, and acts are recorded for perpetual memory and can be used as evidence in future cases. Furthermore, as a court of record, the High Court has the inherent power to punish for contempt of itself, safeguarding its judicial authority.

92. (B) The Supreme Court
The Supreme Court has exclusive jurisdiction over disputes related to the election of the President and Vice-President of India. If any doubt or dispute arises regarding such an election, the matter is inquired into and decided by the Supreme Court, whose decision is final. This ensures that the highest elective offices are subject to the scrutiny of the highest court.

93. (C) CJI + 4 senior judges
The Collegium for Supreme Court appointments is a specialized body consisting of the Chief Justice of India and the four senior-most judges of the Supreme Court. This group deliberates on judicial appointments and transfers, making recommendations to the President. This system was established through judicial decisions to ensure that the judiciary plays a central role in selecting its own members.

94. (D) The Parliament
While the basic jurisdiction of the Supreme Court is defined by the Constitution, the Parliament has the power to expand it. Through the enactment of laws, Parliament can confer additional jurisdiction and powers upon the court to ensure it can effectively perform its duties. This allows the legal system to adapt to the changing needs and complexities of the Indian society.

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95. (A) Both civil and criminal powers
The District Judge is the highest judicial authority in a district and possesses wide-ranging powers. This officer exercises both original and appellate jurisdiction in civil and criminal matters. When handling civil cases, the official is known as the District Judge, and when presiding over criminal cases, they are referred to as the Sessions Judge, reflecting their dual legal role.

96. (B) Quo-Warranto
Quo-Warranto is a writ issued by the court to inquire into the legality of the claim which a person asserts to a public office. It is used to prevent the illegal usurpation of a public office by an individual. If the person is found to be not entitled to the office, the court can restrain them from holding that position.

97. (B) The Basic Structure of the Constitution
The independence of the judiciary is considered a "Basic Structure" of the Indian Constitution. This means it is an essential feature that cannot be destroyed or abolished even by a constitutional amendment. An independent judiciary ensures that judges can deliver justice impartially, without being influenced by the executive or legislative branches of the government, thus upholding the rule of law.

98. (A) Article 241
Article 241 of the Indian Constitution empowers Parliament to constitute a High Court for a Union Territory or declare any court in such a territory to be a High Court for various purposes. This allows the central government to ensure that residents of Union Territories have access to a high level of judicial oversight, similar to those living in the states.

99. (C) The Judiciary
In the Indian political and legal system, the judiciary acts as the final interpreter of the law and the Constitution. While the legislature makes laws and the executive implements them, it is the role of the courts to determine the true meaning and intent of these legal provisions. This ensures that all laws are applied correctly and consistently across the nation.

100. (D) NALSA
The National Legal Services Authority is the primary body responsible for ensuring that justice is not denied to any citizen due to economic or other disabilities. It provides free legal aid to the weaker sections of society and oversees the functioning of Lok Adalats. NALSA's work is essential for making the legal system truly inclusive and protective of everyone's rights.

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CHAPTER 05
Local Self Government

1. Which of the following best defines the concept of Local Self Government?
(A) The management of local affairs by the central bureaucracy.
(B) The administration of a locality by elected local representatives.
(C) The delegation of judicial powers to village elders.
(D) The direct control of state departments over rural infrastructure.

2. In which year was the 73rd Constitutional Amendment Act passed by the Indian Parliament?
(A) 1990
(B) 1991
(C) 1992
(D) 1993

3. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Local Self Government is considered the best school for democracy.
Reason (R): It provides a platform for people to participate in the decision-making process at the grassroots level.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

4. Which part of the Constitution of India was specifically added by the 73rd Amendment Act?
(A) Part VIII
(B) Part IX
(C) Part IX-A
(D) Part X

5. Identify the INCORRECT statement regarding the Three-tier Panchayati Raj structure.
(A) The Gram Panchayat operates at the village level.
(B) The Panchayat Samiti functions at the intermediate/block level.
(C) The State Finance Commission functions at the sub-divisional level.
(D) The Zila Parishad functions at the district level.

6. Match the local bodies in List I with their administrative levels in List II and select the correct answer using the codes given below:
List I: (Local Body)
P. Gram Panchayat
Q. Panchayat Samiti
R. Zila Parishad
S. Nagar Panchayat
List II: (Administrative Level)
1. Intermediate Level
2. Village Level
3. Transitional Urban Area
4. District Level
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

7. Which of the following constitutes the 'Gram Sabha' according to the Constitution?
(A) All adult residents residing within the village boundary.
(B) All recognized household heads within the village area.
(C) Only the members elected to the Gram Panchayat body.
(D) All persons on the village electoral rolls.

8. Identify the correct pair regarding the Article and its provision in Part IX.
(A) Article 243A - Gram Sabha
(B) Article 243B - Duration of Panchayats
(C) Article 243C - Reservation of Seats
(D) Article 243D - Composition of Panchayats

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9. Consider the following statements regarding the 73rd Constitutional Amendment:
1. It gave constitutional status to Panchayati Raj Institutions.
2. It added the 11th Schedule to the Constitution.
3. It made the three-tier system mandatory for all states without exception.

Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 2 and 3 only
(C) 1 and 2 only
(D) 1, 2, and 3

10. Which of the following is NOT a functional responsibility of the Gram Panchayat?
(A) Formulating the national monetary policy.
(B) Maintenance of village roads and drainage.
(C) Providing primary education and health facilities.
(D) Promotion of social forestry and animal husbandry.

11. What is the primary role of the Panchayat Samiti in the local governance structure?
(A) To assess and collect income tax from all rural residents.
(B) To monitor and supervise the functioning of the State High Court.
(C) To plan and manage the urban transport and transit systems.
(D) Coordinating between Gram Panchayats and Zila Parishad.

12. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The 73rd Amendment reserved one-third of seats for women in Panchayats.
Reason (R): This was intended to ensure gender-based empowerment in rural political leadership.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

13. In the context of Rajasthan, which of the following is a specific provision related to Panchayati Raj?
(A) Rajasthan has abolished the intermediate level of Panchayats.
(B) Only women can contest Zila Parishad elections in Rajasthan.
(C) Rajasthan was the first state to adopt the system in 1959.
(D) The Governor of Rajasthan serves as the head of all Gram Sabhas.

14. Read the following statements and select the correct option.
Statement I: The State Election Commission is responsible for conducting elections to the Panchayats.
Statement II: The State Election Commissioner is appointed by the President of India.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

15. Match the provisions in List I with the articles in List II and select the correct answer using the codes:
List I: (Provision)
P. State Finance Commission
Q. State Election Commission
R. District Planning Committee
S. Metropolitan Planning Committee
List II: (Article)
1. Article 243K
2. Article 243I
3. Article 243ZE
4. Article 243ZD
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-1, R-3, S-4
(D) P-1, Q-2, R-4, S-3

16. Which authority is empowered to review the financial position of the Panchayats and recommend principles for tax distribution?
(A) The Comptroller and Auditor General
(B) The State Finance Commission
(C) The Central Finance Commission
(D) The Planning Commission

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17. Which schedule of the Constitution contains the 29 subjects transferred to the Panchayats?
(A) 9th Schedule
(B) 10th Schedule
(C) 11th Schedule
(D) 12th Schedule

18. Consider the following statements regarding urban local bodies:
1. Nagar Panchayats are for areas in transition from rural to urban.
2. Municipal Councils are for smaller urban areas.
3. Municipal Corporations are for larger urban areas.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

19. Which of the following subjects is NOT included in the 29 subjects of the 11th Schedule?
(A) Land improvement
(B) Small scale industries
(C) Regulation of mines and minerals
(D) Public distribution system

20. What is the minimum age required to contest an election for a member of a Panchayat?
(A) 18 years
(B) 21 years
(C) 25 years
(D) 30 years

21. Arrange the following levels of Panchayati Raj in ascending order of their administrative hierarchy:
1. Zila Parishad
2. Gram Panchayat
3. Panchayat Samiti

(A) 2-3-1
(B) 1-2-3
(C) 3-2-1
(D) 2-1-3

22. Which Constitutional Amendment Act provides for the constitution of Municipalities?
(A) 71st Amendment
(B) 72nd Amendment
(C) 73rd Amendment
(D) 74th Amendment

23. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The State Finance Commission is a constitutional body.
Reason (R): It is constituted by the Governor every five years under Article 243-I.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

24. Which Part of the Constitution deals with the Municipalities?
(A) Part IX
(B) Part IX-A
(C) Part IX-B
(D) Part X

25. Identify the INCORRECT pair regarding urban governance roles.
(A) Mayor - Political head of a Municipal Corporation
(B) Commissioner - Executive head of a Municipal Corporation
(C) Sarpanch - Executive head of a Municipal Council
(D) Ward Committee - Unit for community participation in urban areas

26. Match the urban bodies in List I with their descriptions in List II and select the correct answer:
List I: (Urban Body)
P. Municipal Corporation
Q. Municipal Council
R. Nagar Panchayat
S. Ward Committee
List II: (Description)
1. Smaller urban area
2. Larger urban area
3. Population of 3 lakhs or more
4. Transitional area

(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1

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(D) P-2, Q-1, R-3, S-4

27. How many subjects are listed in the 12th Schedule of the Constitution for Municipalities?
(A) 18 subjects
(B) 22 subjects
(C) 25 subjects
(D) 29 subjects

28. Which article of the Constitution provides for the constitution of the District Planning Committee?
(A) Article 243ZD
(B) Article 243ZE
(C) Article 243ZF
(D) Article 243ZG

29. Consider the following statements about the MGNREGA-Panchayati Raj linkage:
1. Gram Panchayats are responsible for planning and executing at least 50% of the works.
2. The Gram Sabha conducts social audits of MGNREGA works.
3. The Zila Parishad is the sole authority for sanctioning all MGNREGA funds.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

30. Which of the following is a key function of the Zila Parishad?
(A) Direct implementation of village sanitation schemes.
(B) Collecting land revenue on behalf of the Central Government.
(C) Managing the district level judiciary.
(D) Approving the budgets of the Panchayat Samitis in the district.

31. What is the role of the Ward Committees in urban local governance?
(A) Ensuring local participation in high-population areas.
(B) Functioning as a replacement for the Municipal Corporation.
(C) Collecting monthly income taxes from all urban households.
(D) Managing the state police force operations within the ward.

32. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): E-governance in local self-government enhances transparency and accountability.
Reason (R): It reduces direct human interface and digitizes records for public access.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

33. Which program focuses specifically on the rejuvenation and urban transformation of basic infrastructure?
(A) MGNREGA
(B) AMRUT
(C) PM-Kisan
(D) Digital India

34. Under the 73rd Amendment, what is the mandatory reservation for women in Panchayats?
(A) Not less than one-tenth
(B) Not less than one-fourth
(C) Not less than one-third
(D) Not less than one-half

35. Match the articles in List I with their subject matter in List II and select the correct answer:
List I: (Article)
P. Article 243G
Q. Article 243H
R. Article 243I
S. Article 243K
List II: (Subject Matter)
1. Powers to impose taxes by Panchayats
2. Powers, authority and responsibilities of Panchayats
3. Elections to the Panchayats
4. Constitution of Finance Commission
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

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36. Which of the following is considered a 'Challenge' of the Panchayati Raj system?
(A) Excessive financial autonomy.
(B) Over-centralization of powers in the Gram Sabha.
(C) Absence of constitutional recognition.
(D) Lack of trained functionaries at the local level.

37. The 'Smart Cities Mission' aims to promote cities that provide:
(A) Exclusive residence for government officials.
(B) Free agricultural land within city limits.
(C) Core infrastructure and a decent quality of life.
(D) Total exemption from all local taxes.

38. Consider the following regarding the State Election Commission:
1. It is a single-member body appointed by the Governor.
2. It can be removed from office only in a manner similar to a Judge of a High Court.
3. It conducts elections for both Panchayats and Municipalities.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

39. Which of the following states has provided 50% reservation for women in Panchayati Raj Institutions?
(A) Uttar Pradesh
(B) Tamil Nadu
(C) West Bengal
(D) Bihar

40. What does the term 'Transitional Area' refer to in the 74th Amendment?
(A) An area in transition from a rural area to an urban area.
(B) An area being converted into a forest reserve.
(C) An area moving from one state to another.
(D) An area under military administration.

41. Arrange the following steps in the district planning process in the correct sequence:
1. Consolidation of plans by District Planning Committee.
2. Preparation of plans by Gram Panchayats.
3. Preparation of plans by Municipalities.

(A) 2-3-1
(B) 1-2-3
(C) 3-2-1
(D) 2-1-3

42. Article 243ZE of the Indian Constitution deals with the constitution of which body?
(A) Metropolitan Planning Committee
(B) District Planning Committee
(C) State Finance Commission
(D) State Election Commission

43. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The 11th Schedule contains 29 functional items for Panchayats.
Reason (R): These items were transferred to enable Panchayats to function as institutions of self-government.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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44. Which of the following is a financial power of a Gram Panchayat?
(A) Printing currency for local circulation.
(B) Levying and collecting local taxes, duties, and tolls.
(C) Fixing the exchange rate of the Rupee.
(D) Imposing customs duties on inter-state trade.

45. Match the urban bodies in List I with those who head them in List II and select the correct answer:
List I: (Urban Body)
P. Municipal Corporation
Q. Municipal Council
R. Nagar Panchayat
S. Ward
List II: (Headed by)
1. President/Chairman
2. Mayor

3. Ward Member/Councillor
4. Chairman

(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-4, R-1, S-3
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-1, R-4, S-2

46. Which of the following is NOT one of the '3Fs' that highlight the challenges of Panchayati Raj?
(A) Funds
(B) Functions
(C) Functionaries
(D) Federation

47. In the context of e-governance, what is the primary goal of digitizing Panchayat records?
(A) To ensure easier access to information for citizens.
(B) To increase the cost of administration.
(C) To restrict the participation of rural youth.
(D) To centralize all powers in the Prime Minister's Office.

48. Consider the following statements about the Metropolitan Planning Committee (MPC):
1. It is constituted under Article 243ZE.
2. At least two-thirds of the members should be elected by the elected members of Municipalities and Chairpersons of Panchayats in the metropolitan area.
3. It prepares a draft development plan for the metropolitan area as a whole.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

49. Which of the following is a subject listed under the 12th Schedule?
(A) Agriculture and land improvement
(B) Urban planning including town planning
(C) Animal husbandry
(D) Technical training and vocational education

50. The term 'Local Self Government' primarily emphasizes:
(A) Democratic decentralization.
(B) Efficiency of the Central government.
(C) Deconcentration of executive powers.
(D) Strengthening the judicial hierarchy.

51. Who is the administrative head of a Panchayat Samiti?
(A) Sarpanch
(B) District Magistrate
(C) Block Development Officer (BDO)
(D) Tehsildar

52. The 73rd Amendment Act does NOT apply to which of the following states?
(A) Rajasthan
(B) Uttar Pradesh
(C) Bihar
(D) Nagaland

53. Which of the following is a compulsory provision of the 73rd Amendment Act?
(A) Providing mandatory reservation for all Backward Classes.
(B) Granting full financial powers for levying local taxes.
(C) Mandatory organization of the village Gram Sabha.
(D) Permanently fixing the term of the Sarpanch to six years.

54. What is the main objective of the AMRUT mission?
(A) Providing free smartphones to all urban poor citizens.
(B) Providing water supply and sewerage to households.
(C) Constructing high-end luxury apartments in smart cities.
(D) Privatizing the entire urban public transport system.

55. Identify the correct statement regarding the Zila Parishad.
(A) Acts as the executive body at the individual village level.
(B) Is headed directly by the Block Development Officer.
(C) Has no specific role in implementing the 11th Schedule.
(D) Acts as a consultative and supervisory district body.

56. The source of revenue for a Municipal Corporation includes:
(A) Property tax
(B) Custom duties

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(C) Corporate income tax
(D) Wealth tax

57. Which article defines the 'Panchayat' as an institution of self-government for rural areas?
(A) Article 243(d)
(B) Article 243(b)
(C) Article 243(f)
(D) Article 243(a)

58. Read the following statements and select the correct option.
Statement I: The 74th Amendment Act added the 12th Schedule to the Constitution.
Statement II: The 12th Schedule contains 18 functional items for Municipalities.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

59. Who is responsible for the conduct of elections to the Municipalities?
(A) Election Commission of India
(B) Ministry of Home Affairs
(C) District Collector independently
(D) State Election Commission

60. Which of the following is a discretionary provision for the state legislatures under the 73rd Amendment?
(A) Constitution of a State Finance Commission.
(B) Providing reservation for Backward Classes (OBCs).
(C) Reservation of seats for SCs and STs.
(D) Establishment of a three-tier system.

61. The 11th Schedule was incorporated into the Constitution of India by which Amendment?
(A) 42nd Amendment
(B) 44th Amendment
(C) 73rd Amendment
(D) 74th Amendment

62. What is the maximum duration for which a Panchayat can continue unless dissolved earlier?
(A) 3 years
(B) 4 years
(C) 5 years
(D) 6 years

63. If a Panchayat is dissolved prematurely, elections must be held within what period?
(A) 3 months
(B) 6 months
(C) 9 months
(D) 1 year

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64. Which of the following is a function of the State Finance Commission?
(A) Auditing the financial accounts of the Central Government.
(B) Distributing net tax proceeds between State and Panchayats.
(C) Preparing the annual Union Budget for the whole nation.
(D) Supervising the internal functions of the Central Bank.

65. Which of the following urban bodies is created for a large urban area?
(A) Nagar Panchayat
(B) Municipal Corporation
(C) Municipal Council
(D) Town Area Committee

66. The concept of 'Ward Committees' is mandatory for municipalities having a population of:
(A) 1 lakh or more
(B) 2 lakhs or more
(C) 3 lakhs or more
(D) 5 lakhs or more

67. Which Article describes the composition of the District Planning Committee?
(A) Article 243ZD
(B) Article 243ZE
(C) Article 243ZF
(D) Article 243ZG

68. Who is generally the political head of a Municipal Council?
(A) Mayor
(B) Municipal Commissioner
(C) Chief Executive Officer
(D) President/Chairman

69. In the context of Rajasthan, which district hosted the first Panchayati Raj inauguration in 1959?

(A) Jaipur
(B) Jodhpur
(C) Nagaur
(D) Udaipur

70. Which of the following is a challenge related to 'Functionaries' in Panchayati Raj?
(A) Overstaffing at the village level.
(B) Lack of technical expertise and support staff for local bodies.
(C) Excessive independence of local officials from state control.
(D) High salaries of Gram Panchayat members.

71. E-governance in Local Self Government often includes 'PRIA Soft'. What is its primary use?
(A) Satellite mapping of all village geographical areas.
(B) Conducting online voting for the post of the Sarpanch.
(C) Managing the recruitment process of the state police.
(D) Panchayat accounting and financial management.

72. What is the primary focus of the 74th Amendment?
(A) Urban local government
(B) Rural local government
(C) Cooperative societies
(D) Scheduled Areas

73. Which of the following is NOT an objective of the Smart Cities Mission?
(A) Sustainable and inclusive development.
(B) Use of 'Smart' solutions for infrastructure.
(C) Uniform design for all cities in India.
(D) Improving governance through digital technology.

74. Which body is responsible for preparing a draft development plan for the district as a whole?
(A) District Planning Committee
(B) Zila Parishad alone
(C) State Planning Board
(D) Gram Sabha

75. Reservation for SCs and STs in Panchayats is provided in proportion to:
(A) Their land ownership.
(B) The number of literate persons in their community.
(C) Their representation in the State Assembly.
(D) Their population in the Panchayat area.

76. Which of the following urban local bodies is established by an act of the State Legislature for smaller urban areas?
(A) Municipal Corporation
(B) Municipal Council
(C) Notified Area Committee
(D) Cantonment Board

77. Under MGNREGA, who is responsible for the 'Social Audit' of the works?
(A) District Magistrate
(B) State Finance Commission
(C) Gram Sabha
(D) Central Vigilance Commission

78. Which subject is included in the 11th Schedule but NOT the 12th?
(A) Public health and sanitation
(B) Roads and bridges
(C) Vital statistics including registration of births and deaths
(D) Animal husbandry, dairying and poultry

79. The Mayor of a Municipal Corporation is typically:
(A) Elected as per the relevant State law provisions.
(B) Appointed directly by the Governor of the State.
(C) A permanent member of the Indian civil services.
(D) The executive head of the entire district police.

80. Which of the following best describes the 'Funds' challenge in Panchayati Raj?
(A) Panchayats having numerous independent revenue sources.
(B) Heavy reliance on State and Central government grants.
(C) A total lack of power to spend money on local works.
(D) Legal prohibition on receiving funds from the Commission.

81. Which Article provides for the 'Audit of accounts of Panchayats'?

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(A) Article 243I
(B) Article 243J
(C) Article 243K
(D) Article 243L

82. In some states, the reservation for women in Panchayats has been increased to:
(A) 33%
(B) 40%
(C) 50%
(D) 60%

83. Which of the following is a function of the Metropolitan Planning Committee?
(A) Preparing the entire annual State Government Budget.
(B) Approving the appointment of state High Court judges.
(C) Preparing the metropolitan draft development plan.
(D) Managing the national railway network within the city.

84. The 'AMRUT' scheme was launched to replace which former mission?
(A) PMGSY
(B) IAY
(C) JNNURM
(D) HRIDAY

85. Which of the following statements about the Gram Sabha is INCORRECT?
(A) It is the foundation of the Panchayati Raj system.
(B) Its powers and functions are determined by the State Legislature.
(C) It consists of all persons in the village over 18 years of age.
(D) It provides a platform for direct democracy at the village level.

86. The 74th Amendment Act added which Schedule to the Constitution?
(A) 10th Schedule
(B) 11th Schedule
(C) 12th Schedule
(D) 13th Schedule

87. Which of the following is a function transferred to Municipalities under the 12th Schedule?
(A) Maintenance of community assets in rural village areas.
(B) Management of fisheries and inland water resources.
(C) Implementation of land reforms and soil conservation.
(D) Regulation of land-use and building construction.

88. Who conducts the audit of accounts of the Municipalities as per the Constitution?
(A) As determined by State Legislature provisions.
(B) By the authority of the State Election Commission.
(C) By the direct oversight of the State Governor.
(D) By the office of the Union Finance Minister.

89. Which of the following is a feature of e-governance in urban bodies?
(A) Manual filing of all tax returns.
(B) Physical presence required for every certificate application.
(C) Online payment of property taxes and water bills.
(D) Eliminating the role of the Mayor.

90. The term of office of the State Election Commissioner is determined by:
(A) The Governor of the State
(B) The President of India
(C) The Chief Justice of India
(D) The State Legislature

91. Which of the following is NOT a subject of the 11th Schedule?
(A) Minor irrigation
(B) Education, including primary and secondary schools
(C) Markets and fairs
(D) Fire services

92. The State Finance Commission makes recommendations regarding:
(A) Setting salaries for all State Assembly members.
(B) Granting state funds to the Panchayati institutions.
(C) Determining the allocation of seats in the Lok Sabha.
(D) Fixing interest rates for various local bank loans.

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93. What is the significance of the 73rd and 74th Amendments?
(A) They abolished local governments.
(B) They transferred all powers from the State to the Centre.
(C) They provided constitutional sanctity to local self-government.
(D) They established a presidential form of government at the local level.

94. Which of the following states is exempted from the application of Part IX-A?
(A) Maharashtra
(B) Gujarat
(C) Madhya Pradesh
(D) Meghalaya

95. The District Planning Committee (DPC) is required to have what percentage of members elected by the elected members of the Zila Parishad and Municipalities?
(A) At least one-half
(B) At least two-thirds
(C) At least three-fourths
(D) At least four-fifths

96. Which function is common to both the 11th and 12th Schedules?
(A) Agriculture
(B) Roads and bridges
(C) Urban forestry
(D) Slum improvement

97. The concept of a 'Nagar Panchayat' is applicable for:
(A) Large industrial townships only.
(B) Areas transitioning from rural to urban.
(C) Metropolises like Delhi and Mumbai.
(D) Military cantonment areas.

98. Which body is responsible for certifying the 'utilization certificates' of funds in the Gram Panchayat?
(A) The Gram Sabha or the Panchayat Secretary.
(B) The administrative body of the Zila Parishad.
(C) The officials of the Union Finance Ministry.
(D) The constitutional office of the State Governor.

99. The 73rd Amendment Act was based on the recommendations of which committee?
(A) Swaran Singh Committee
(B) Sarkaria Commission
(C) L.M. Singhvi Committee
(D) Mandal Commission

100. Which of the following is the most appropriate description of 'Local Self Government' in India?
(A) A centralized system of direct rule by the State Governor.
(B) An administrative extension of the District Collector's office.
(C) A mechanism to reduce the total number of government employees.
(D) Democracy ensuring social justice and local development.

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ANSWERS

1. (B) The administration of a locality by elected local representatives.
   Local self-government refers to the management of local affairs by local bodies which consist of representatives elected by the local people. This system ensures that the administration is responsive to local needs and problems. It promotes democratic decentralization and empowers citizens at the grassroots level to participate actively in the governance and development process.

2. (C) 1992
   The 73rd Constitutional Amendment Act was passed by the Parliament in 1992 to provide constitutional status to rural local bodies. It aimed at strengthening the Panchayati Raj system across the country by ensuring regular elections and financial stability. This landmark legislation paved the way for effective local governance by empowering people at the village level through structured administrative frameworks.

3. (A) Both A and R are true and R is the correct explanation of A.
   Local self-government serves as a primary training ground for democratic values by involving citizens directly in administrative tasks. Since it allows people to decide on local priorities, it fosters a sense of responsibility and political awareness. By providing a platform for direct participation at the grassroots level, it effectively functions as the most fundamental school for teaching democratic practices.

4. (B) Part IX
   The 73rd Constitutional Amendment Act of 1992 inserted a new Part IX into the Constitution of India, specifically dedicated to the Panchayats. This part contains provisions from Article 243 to 243O, detailing the structure and functions of rural local bodies. The addition of this part ensured that the Panchayati Raj system received formal recognition and legal protection.

5. (C) The State Finance Commission functions at the sub-divisional level.
   The three-tier Panchayati Raj system consists of the Gram Panchayat at the village level, the Panchayat Samiti at the block level, and the Zila Parishad at the district level. However, the State Finance Commission is a constitutional body established by the Governor to review the financial position of local bodies and recommend principles for fund distribution.

6. (B) P-2, Q-1, R-4, S-3
   The Panchayati Raj system is structured hierarchically to manage local governance effectively across different levels. Gram Panchayats operate at the village level for immediate administration. Panchayat Samitis function at the intermediate or block level. Zila Parishads manage the district-wide development. Nagar Panchayats are specifically designed for areas transitioning from a rural character to an urban settlement pattern.

7. (D) All persons on the village electoral rolls.
   The Gram Sabha is the foundation of the Panchayati Raj system and acts as a direct democracy body at the village level. It consists of all persons registered in the electoral rolls of a village within the area of the Panchayat. This assembly provides a platform for residents to discuss development plans and hold their representatives accountable.

8. (A) Article 243A - Gram Sabha
   Article 243A of the Constitution specifically provides for the establishment and powers of the Gram Sabha. This body performs functions at the village level as prescribed by state laws. While Article 243B deals with the constitution of Panchayats, Article 243C focuses on their composition, and Article 243D covers the reservation of seats for Scheduled Castes and Tribes.

9. (C) 1 and 2 only
   The 73rd Amendment provided constitutional status to Panchayati Raj Institutions and added

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the 11th Schedule containing twenty-nine functional items. Although a three-tier system was introduced, states with a population below twenty lakhs were given the option not to constitute Panchayats at the intermediate level. Thus, the requirement for a three-tier structure was not mandatory for every single state.

10. (A) Formulating the national monetary policy.
Gram Panchayats are responsible for local tasks such as maintaining village roads, drainage, and providing primary health facilities. They also promote social forestry and animal husbandry to boost the rural economy. National monetary policy, however, is a macro-economic function managed exclusively by the Central Government and the Reserve Bank of India, far beyond the scope of local governance.

11. (D) Coordinating between Gram Panchayats and Zila Parishad.
The Panchayat Samiti acts as the intermediate tier in the rural local government structure, bridging the gap between village and district levels. Its primary role involves coordinating the activities of various Gram Panchayats within its jurisdiction and liaising with the Zila Parishad. It ensures that development schemes are effectively implemented and funds are utilized according to the regional requirements.

12. (A) Both A and R are true and R is the correct explanation of A.
The 73rd Amendment mandated the reservation of one-third of seats for women in Panchayats to enhance their political participation. This provision was specifically designed to ensure gender-based empowerment by bringing women into the decision-making process at the grassroots level. By holding leadership positions, women can effectively address local issues and influence rural development policies from a gender perspective.

13. (C) Rajasthan was the first state to adopt the system in 1959.
Rajasthan holds historical significance in the evolution of Panchayati Raj as it was the first state to adopt the system. The scheme was inaugurated by Prime Minister Jawaharlal Nehru on October 2, 1959, in the Nagaur district. This move marked the beginning of democratic decentralization in India, aiming to involve rural citizens in their own governance and development.

14. (A) Statement I is correct but Statement II is incorrect.
The State Election Commission is the constitutional body responsible for conducting elections to local bodies like Panchayats and Municipalities. While its primary role is to ensure free and fair local polls, the State Election Commissioner is appointed by the Governor of the state, not the President. This distinction ensures the independence of the commission within the state's administrative framework.

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15. (A) P-2, Q-1, R-4, S-3
Various articles in the Constitution define the framework for local governance institutions. Article 243I provides for the State Finance Commission, while Article 243K establishes the State Election Commission. For urban planning, Article 243ZD governs the District Planning Committee, and Article 243ZE relates to the Metropolitan Planning Committee. These provisions ensure that local bodies have constitutional support for administration.

16. (B) The State Finance Commission
The State Finance Commission is a constitutional body appointed by the Governor every five years to review the financial health of local governments. It recommends principles for distributing net tax proceeds between the state and local bodies. Additionally, it suggests measures to improve the financial position of Panchayats and Municipalities, ensuring they have adequate resources for local development projects.

17. (C) 11th Schedule
The 11th Schedule was added to the Constitution by the 73rd Amendment Act of 1992. It lists twenty-nine functional items that fall under the purview of Panchayati Raj Institutions. These subjects include agriculture, land improvement, minor irrigation, and social forestry. By transferring these powers, the government aimed to empower rural local bodies to function as effective units of self-government.

18. (D) 1, 2, and 3
Urban local governance is categorized into three types based on the nature of the area. Nagar

Panchayats are established for areas transitioning from rural to urban status. Municipal Councils are created for smaller urban areas, providing basic services to the residents. Municipal Corporations manage larger urban areas or cities, handling complex infrastructure, sanitation, and planning needs for high populations.

19. (C) Regulation of mines and minerals
The 11th Schedule includes subjects such as land improvement, small-scale industries, and the public distribution system to promote rural development. These areas allow Panchayats to manage resources and welfare at the village level. However, the regulation of mines and minerals is a specialized subject that typically falls under the jurisdiction of the state or central governments, not local Panchayats.

20. (B) 21 years
To contest elections for any position in a Panchayat, a person must have attained the minimum age of twenty-one years. This requirement is lower than the age limit for contesting elections to the State Legislative Assembly or the Lok Sabha, which is twenty-five years. This lower age limit encourages younger citizens to participate in grassroots leadership and local governance.

21. (A) 2-3-1
The Panchayati Raj system follows a hierarchical structure for rural administration. The Gram Panchayat is the basic unit at the village level, forming the foundation of the system. Above it, the Panchayat Samiti functions at the intermediate or block level. The Zila Parishad is the highest tier, operating at the district level to oversee and coordinate various developmental activities.

22. (D) 74th Amendment
The 74th Constitutional Amendment Act of 1992 was enacted to provide constitutional status to urban local bodies, also known as Municipalities. This act introduced Part IX-A and the 12th Schedule to the Constitution. It aimed at strengthening urban governance by ensuring regular elections, reservation of seats, and the transfer of specific functional responsibilities to municipal institutions across the country.

23. (A) Both A and R are true and R is the correct explanation of A.
The State Finance Commission is indeed a constitutional body as it is established under the specific provisions of the Constitution. Article 243-I mandates that the Governor of a state must constitute this commission every five years. Its constitutional status ensures that the financial review of local bodies is conducted regularly and recommendations are made to strengthen their fiscal health.

24. (B) Part IX-A
Part IX-A was added to the Constitution of India by the 74th Amendment Act to specifically deal with Municipalities. It contains Articles 243P to 243ZG, which outline the structure, composition, and functions of urban local bodies. This addition ensured that urban governance received the same constitutional recognition as rural local bodies, promoting a uniform framework for decentralized administration.

25. (C) Sarpanch - Executive head of a Municipal Council
In urban governance, the Mayor serves as the political head of a Municipal Corporation, while the Commissioner is its executive head. Ward Committees promote community participation at the grassroots level. However, a Sarpanch is the head of a Gram Panchayat, which is a rural local body. The executive head of a Municipal Council is typically designated as the Chief Officer.

26. (A) P-2, Q-1, R-4, S-3
Municipal Corporations are established for larger urban areas with high populations, while Municipal Councils serve smaller urban areas. Nagar Panchayats are designed for transitional areas that are moving from a rural to an urban character. Ward Committees are mandatory for municipalities with a population of three lakhs or more to ensure localized participation and address specific neighborhood concerns.

27. (A) 18 subjects
The 12th Schedule, introduced by the 74th Amendment Act, lists eighteen functional items that fall under the jurisdiction of Municipalities. These items include urban planning, regulation of land use, and public health. By specifying these subjects, the Constitution empowers urban

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local bodies to manage essential services and infrastructure, ensuring that cities and towns are governed effectively and sustainably.

28. (A) Article 243ZD
Article 243ZD of the Constitution provides for the constitution of a District Planning Committee in every state at the district level. This committee is responsible for consolidating the plans prepared by the Panchayats and the Municipalities within the district. It also prepares a draft development plan for the district as a whole, ensuring integrated development across rural and urban areas.

29. (A) 1 and 2 only
Under the MGNREGA scheme, Gram Panchayats play a central role by planning and executing at least fifty percent of the works in terms of cost. The Gram Sabha is empowered to conduct social audits to ensure transparency and accountability in the execution of these projects. However, the Zila Parishad is not the sole authority for sanctioning all funds for MGNREGA.

30. (D) Approving the budgets of the Panchayat Samitis in the district.
The Zila Parishad functions as the apex body of the Panchayati Raj system at the district level, primarily in a supervisory and advisory capacity. One of its key responsibilities is to examine and approve the budgets of the various Panchayat Samitis within the district. It coordinates the activities of lower tiers and ensures that development funds are distributed equitably.

31. (A) Ensuring local participation in high-population areas.
Ward Committees are constitutional bodies intended to bring urban governance closer to the people in densely populated areas. By involving residents in the decision-making process at the ward level, these committees ensure that local issues are addressed effectively. They facilitate community participation in urban management and help in the better implementation of municipal services and development projects within specific neighborhoods.

32. (A) Both A and R are true and R is the correct explanation of A.
E-governance significantly improves transparency and accountability in local self-government by digitizing administrative processes. By making records available online, it allows citizens to access information easily and track the progress of various schemes. Since digital systems reduce direct human interface, the chances of corruption and delays are minimized, thereby strengthening the relationship between the government and the public.

33. (B) AMRUT
The Atal Mission for Rejuvenation and Urban Transformation (AMRUT) focuses on improving basic infrastructure in urban areas. Its primary goals include ensuring that every household has access to a tap with a reliable water supply and a sewerage connection. The mission also aims to increase the amenity value of cities by developing greenery and well-maintained open spaces for citizens.

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34. (C) Not less than one-third
The 73rd Amendment Act mandated that not less than one-third of the total number of seats in Panchayats must be reserved for women. This reservation applies to both the membership and the offices of the chairpersons at all levels. This provision was a revolutionary step towards promoting gender equality and ensuring that women have a significant voice in rural governance.

35. (C) P-2, Q-1, R-4, S-3
Article 243G defines the powers and responsibilities of Panchayats regarding economic development and social justice. Article 243H outlines their powers to impose taxes and manage funds. Article 243I provides for the constitution of a State Finance Commission to review fiscal health. Article 243K deals with the State Election Commission, which is responsible for the superintendence and conduct of local elections.

36. (D) Lack of trained functionaries at the local level.
One major challenge facing the Panchayati Raj system is the shortage of trained functionaries at the local level. Many local bodies lack technical

staff and administrative experts to effectively plan and implement complex developmental schemes. This gap often leads to poor record-keeping and inefficient utilization of funds, hindering the overall goal of achieving effective self-governance and grassroots development.

37. (C) Core infrastructure and a decent quality of life.
The Smart Cities Mission is a government initiative designed to promote cities that provide core infrastructure and a decent quality of life to their citizens. It emphasizes a clean and sustainable environment through the application of 'smart' solutions. The mission aims to drive economic growth and improve the standard of living by enabling local area development and leveraging technology.

38. (D) 1, 2, and 3
The State Election Commission is a constitutional body responsible for conducting elections to Panchayats and Municipalities. It is typically a single-member body with the Commissioner appointed by the Governor. To ensure independence, the Commissioner can only be removed from office in a manner and on grounds similar to a High Court Judge. This protection ensures the integrity of local elections.

39. (D) Bihar
While the 73rd Amendment mandated a minimum of one-third reservation for women, several states have taken the initiative to increase this limit. Bihar was the first state in India to provide fifty percent reservation for women in Panchayati Raj Institutions. This progressive step aims to achieve greater gender parity in local leadership and ensure that women play a dominant role.

40. (A) An area in transition from a rural area to an urban area.
Under the 74th Amendment, a 'Transitional Area' refers to a geographical region that is currently in the process of changing from a rural area to an urban one. Such areas are governed by Nagar Panchayats. The classification of an area as transitional depends on factors like population, density, revenue generated, and the percentage of employment in non-agricultural activities.

41. (A) 2-3-1
The district planning process begins at the grassroots level with the preparation of individual plans by Gram Panchayats for rural areas and Municipalities for urban areas. Once these local plans are ready, they are forwarded to the District Planning Committee. This committee then consolidates the various proposals into a single, integrated draft development plan for the entire district.

42. (A) Metropolitan Planning Committee
Article 243ZE of the Constitution provides for the creation of a Metropolitan Planning Committee in every metropolitan area. This body is responsible for preparing a draft development plan for the metropolitan area as a whole. It ensures that the planning for large urban agglomerations is coordinated across different municipalities and panchayats, considering the overall infrastructure and service needs of the region.

43. (A) Both A and R are true and R is the correct explanation of A.
The 11th Schedule contains twenty-nine functional items that were transferred to the Panchayats by the 73rd Amendment. These items cover various aspects of rural development and social justice. The primary purpose of this transfer was to provide local bodies with the necessary powers and responsibilities to function effectively as autonomous institutions of self-government at the grassroots level.

44. (B) Levying and collecting local taxes, duties, and tolls.
Gram Panchayats are empowered by state legislation to levy and collect certain local taxes, duties, and tolls. These may include taxes on houses, marketplaces, and fees for using local facilities. By generating their own revenue, Panchayats can fund local development projects and reduce their dependence on government grants, thereby strengthening their financial autonomy and ability to serve the community.

45. (C) P-2, Q-1, R-4, S-3
The leadership of urban local bodies varies depending on the type of institution. Municipal Corporations are headed by a Mayor, who serves as the political figurehead. Municipal Councils

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are led by a President or Chairman. Nagar Panchayats, managing transitional areas, also have a Chairman. At the smallest level, individual Wards are represented by elected Ward Members or Councillors.

46. (D) Federation
The challenges faced by Panchayati Raj Institutions are often summarized as the '3Fs', which stand for Funds, Functions, and Functionaries. This framework highlights the issues of inadequate financial resources, limited transfer of powers, and the lack of trained staff to manage local affairs. Federation is a structural concept of government and is not part of this specific list of challenges.

47. (A) To ensure easier access to information for citizens.
The primary goal of digitizing Panchayat records under e-governance initiatives is to ensure that information is easily accessible to all citizens. By putting records online, the government promotes transparency and allows people to monitor local administration and development projects. This empowerment helps in holding local representatives accountable and ensures that the benefits of various schemes reach the intended beneficiaries.

48. (D) 1, 2, and 3
The Metropolitan Planning Committee is constituted under Article 243ZE to prepare development plans for large urban areas. At least two-thirds of its members must be elected by the elected members of the Municipalities and Chairpersons of the Panchayats in that area. This ensures that the draft development plan reflects the needs and priorities of the entire metropolitan region.

49. (B) Urban planning including town planning
The 12th Schedule lists subjects that are specifically relevant to urban governance and the management of towns and cities. Urban planning including town planning is one of the core subjects assigned to Municipalities. While subjects like agriculture and animal husbandry are central to rural development in the 11th Schedule, urban planning is essential for managing the growth and infrastructure of cities.

50. (A) Democratic decentralization.
Local self-government primarily emphasizes the concept of democratic decentralization. This involves the transfer of power and decision-making authority from the central and state governments to local bodies. By empowering people at the grassroots level, it ensures that governance is more responsive to local needs. This system promotes active citizenship and strengthens democracy by involving more people in the administrative process.

51. (C) Block Development Officer (BDO)
The Block Development Officer (BDO) is the administrative head of the Panchayat Samiti and serves as the link between the state administration and the local government. The BDO is responsible for the implementation of various developmental schemes and ensures that the decisions taken by the Panchayat Samiti are executed effectively. This official provides the necessary administrative support for local governance.

52. (D) Nagaland
The 73rd Amendment Act does not apply to certain areas, including the states of Nagaland, Meghalaya, and Mizoram. This exception is made to respect the traditional tribal institutions and cultural practices of these regions. In these states, local governance is managed through traditional bodies like village councils, which have their own historical and legal frameworks for administration and justice.

53. (C) Mandatory organization of the village Gram Sabha.
The 73rd Amendment contains both compulsory and discretionary provisions for states. One mandatory requirement is the organization of a Gram Sabha in every village. This body acts as the foundation of the Panchayati Raj system, ensuring direct participation of the people. While reservations for OBCs or specific tax powers are often discretionary, the existence of the Gram Sabha is legally required.

54. (B) Providing water supply and sewerage to households.
The main objective of the Atal Mission for Rejuvenation and Urban Transformation (AMRUT) is to improve the quality of life in

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urban areas by providing basic services. The mission focuses on ensuring that every household has a functional water supply and a proper sewerage system. By upgrading these essential infrastructures, the government aims to create cleaner and more liveable cities.

55. (D) Acts as a consultative and supervisory district body.
The Zila Parishad is the district-level tier of the Panchayati Raj system and primarily functions as a consultative and supervisory body. It does not directly implement schemes at the village level but coordinates the work of the Panchayat Samitis. Its role includes reviewing developmental plans, approving budgets, and providing guidance to ensure the balanced growth of the entire district.

56. (A) Property tax
Property tax is a major source of revenue for Municipal Corporations and is levied on buildings and lands within the city limits. This income allows urban local bodies to fund essential services such as sanitation, street lighting, and road maintenance. While custom duties and income taxes are collected by the central government, property taxes are managed locally to support urban infrastructure.

57. (A) Article 243(d)
Article 243(d) of the Constitution defines a Panchayat as an institution of self-government constituted under Article 243B for the rural areas. This definition establishes the Panchayat as a formal unit of administration with the power to manage local affairs. It provides the legal basis for the entire Panchayati Raj system, ensuring its recognition as a vital part of India's democracy.

58. (C) Both statements are correct.
The 74th Amendment Act of 1992 introduced significant changes to urban governance by adding the 12th Schedule to the Constitution. This schedule specifies eighteen functional items that Municipalities are expected to manage. By formalizing these responsibilities, the act ensured that urban local bodies have a clear mandate and constitutional backing to provide services and manage development within their jurisdictions.

59. (D) State Election Commission
The State Election Commission is the constitutional authority responsible for the superintendence, direction, and control of the preparation of electoral rolls for, and the conduct of, all elections to the Municipalities. Unlike general elections to the Parliament and State Assemblies, which are conducted by the Election Commission of India, municipal polls are managed at the state level by this independent body.

60. (B) Providing reservation for Backward Classes (OBCs).
Under the 73rd Amendment, certain provisions are mandatory, such as the establishment of a three-tier system and reservation for SCs, STs, and women. However, providing reservation for Backward Classes (OBCs) is a discretionary provision. This means that the state legislatures have the authority to decide whether or not to provide such reservations in their respective Panchayati Raj laws.

61. (C) 73rd Amendment
The 11th Schedule was incorporated into the Constitution of India through the 73rd Amendment Act of 1992. This schedule lists twenty-nine subjects that the state legislatures can devolve to the Panchayati Raj Institutions. The subjects range from agriculture and land reforms to rural housing and poverty alleviation. This addition was crucial for defining the functional scope of rural local governments.

62. (C) 5 years
Every Panchayat, unless dissolved earlier under any law for the time being in force, continues for a maximum duration of five years from the date appointed for its first meeting. This fixed term ensures stability in local governance and provides a clear timeframe for the elected representatives to plan and execute developmental works before the next round of elections.

63. (B) 6 months
If a Panchayat is dissolved before its full five-year term expires, the Constitution mandates that elections to constitute the new Panchayat must be completed within a period of six months from the date of its dissolution. This provision prevents long intervals of administrative vacuum

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at the local level and ensures that the democratic process is restored as quickly as possible.

64. (B) Distributing net tax proceeds between State and Panchayats.
The State Finance Commission is responsible for recommending the principles that govern the distribution of the net proceeds of taxes, duties, and tolls between the State and the Panchayats. It also reviews the financial position of local bodies and suggests measures to augment their resources. These recommendations are vital for ensuring that Panchayats have sufficient funds to perform their duties.

65. (B) Municipal Corporation
Municipal Corporations are established for the administration of large urban areas or cities. These bodies manage complex urban challenges such as water supply, public health, and large-scale infrastructure projects. Due to the high population and revenue generated in these areas, Municipal Corporations are granted more powers and financial autonomy compared to smaller urban local bodies like Municipal Councils.

66. (C) 3 lakhs or more
The Constitution mandates the constitution of Ward Committees within the territorial area of a Municipality that has a population of three lakhs or more. These committees are designed to enhance local participation and make the administration more responsive to the needs of the residents. By dividing large municipalities into smaller units, the governance process becomes more decentralized and accessible.

67. (A) Article 243ZD
Article 243ZD specifies the composition and functions of the District Planning Committee. It mandates that four-fifths of the members of such a committee shall be elected by the elected members of the Zila Parishad and the Municipalities in the district. This ensures that the planning process is dominated by elected representatives, making the developmental plans more reflective of the people's aspirations.

68. (D) President/Chairman
The political head of a Municipal Council is generally designated as the President or Chairman. This official is elected to lead the council and oversee its political and legislative functions. While the Mayor is the equivalent position in a Municipal Corporation, the President or Chairman holds the highest political office in the smaller urban local bodies, representing the elected council members.

69. (C) Nagaur
The Panchayati Raj system was first inaugurated in India in the Nagaur district of Rajasthan. The ceremony took place on October 2, 1959, and was led by Prime Minister Jawaharlal Nehru. This event was a significant milestone in India's journey toward democratic decentralization, as it marked the formal beginning of a three-tier local governance structure in rural areas.

70. (B) Lack of technical expertise and support staff for local bodies.
A major challenge related to 'Functionaries' in the Panchayati Raj system is the critical lack of technical expertise and adequate support staff for local bodies. Many Panchayats do not have enough qualified engineers, accountants, or administrative officers to manage complex projects and financial records. This shortage often leads to inefficiencies and delays in the implementation of vital developmental schemes.

71. (D) Panchayat accounting and financial management.
PRIA Soft is an e-governance application used primarily for the accounting and financial management of Panchayati Raj Institutions. It helps local bodies maintain transparent records of their receipts and expenditures, ensuring that funds are tracked accurately. By digitizing financial data, the system enhances accountability and simplifies the process of auditing, making it easier to monitor the utilization of public money.

72. (A) Urban local government
The 74th Constitutional Amendment Act is exclusively focused on strengthening urban local government in India. It provided constitutional status to Municipalities and introduced a uniform framework for their structure and functions across all states. By focusing on urban areas, the amendment aimed to improve the management of towns and cities, ensuring that they have the authority and resources to develop.

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73. (C) Uniform design for all cities in India.
The Smart Cities Mission aims for sustainable development and the use of technology to improve governance and infrastructure. However, it does not aim for a uniform design for all cities in India. Instead, the mission encourages each city to develop its own unique solutions based on its specific local needs, resources, and geographical challenges, promoting diverse and context-specific growth.

74. (A) District Planning Committee
The District Planning Committee (DPC) is the body responsible for preparing a draft development plan for the entire district. It consolidates plans from both the rural Panchayats and the urban Municipalities. This integrated approach ensures that resources are allocated efficiently and that the development of the district is balanced, taking into account the interdependent needs of both rural and urban areas.

75. (D) Their population in the Panchayat area.
The 73rd Amendment provides for the reservation of seats for Scheduled Castes and Scheduled Tribes in every Panchayat. The number of seats reserved is in proportion to their population in the Panchayat area. This mandatory provision ensures that these communities have fair representation in local governance, allowing them to participate in the decision-making process and advocate for their interests.

76. (B) Municipal Council
A Municipal Council is an urban local body established by an act of the State Legislature for smaller urban areas. It is responsible for providing essential civic services such as sanitation, water supply, and street lighting. The classification of an area as a smaller urban area is determined by the Governor based on population, density, and other socio-economic factors.

77. (C) Gram Sabha
Under the MGNREGA scheme, the Gram Sabha is legally responsible for conducting Social Audits of all the works executed within the village. This process involves reviewing the project records and checking the actual work done on the ground. Social audits promote transparency and give the community the power to verify that funds are being used correctly and projects are completed.

78. (D) Animal husbandry, dairying and poultry
Subjects like public health, roads, and vital statistics are common to both rural and urban local bodies. However, Animal husbandry, dairying and poultry is a subject specifically listed in the 11th Schedule for Panchayats, reflecting its importance to the rural economy. This subject is generally not included in the 12th Schedule, as urban governance focus is more on industrial sectors.

79. (A) Elected as per the relevant State law provisions.
The Mayor is the figurehead of a Municipal Corporation, and the method of their election is determined by the specific provisions of the relevant State laws. In some states, the Mayor is elected directly by the people, while in others, they are elected indirectly by the members of the Corporation. This variability allows states to tailor their urban leadership models.

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80. (B) Heavy reliance on State and Central government grants.
The Funds challenge in the Panchayati Raj system refers to the heavy reliance of local bodies on grants from the State and Central governments. Most Panchayats have limited independent sources of revenue and often struggle to collect local taxes effectively. This financial dependency limits their autonomy and can delay local development projects if government funds are not released on time.

81. (B) Article 243J
Article 243J of the Constitution allows the legislature of a state to make provisions with respect to the maintenance of accounts by the Panchayats and the auditing of such accounts. This ensures that the financial transactions of local bodies are properly recorded and reviewed. Regular auditing is essential for maintaining financial discipline and ensuring that public funds are used for intended purposes.

82. (C) 50%
While the 73rd Amendment set the minimum reservation for women at one-third, several Indian states have proactively increased this to fifty percent. This move is aimed at promoting greater gender equality and empowering women to take on leading roles in local administration. By giving women half of the seats, these states

recognize the importance of their participation in rural development.

83. (C) Preparing the metropolitan draft development plan.
The Metropolitan Planning Committee is tasked with preparing a draft development plan for the entire metropolitan area. In doing so, it must consider the plans prepared by the various Municipalities and Panchayats in the region. The committee also considers matters of common interest, such as coordinated spatial planning, sharing of water and other physical resources, and integrated infrastructure development.

84. (C) JNNURM
The Atal Mission for Rejuvenation and Urban Transformation (AMRUT) was launched by the government to replace the former Jawaharlal Nehru National Urban Renewal Mission (JNNURM). AMRUT aimed to learn from the previous mission and provide a more focused approach to urban infrastructure development. It emphasizes providing basic services to households and building amenities in cities to improve the quality of life.

85. (C) It consists of all persons in the village over 18 years of age.
The statement that the Gram Sabha consists of all persons in the village over eighteen years of age is technically incorrect in a constitutional sense. The Gram Sabha actually consists of all persons whose names are registered in the electoral rolls of the village. While most people over eighteen are eligible to be on the rolls, only those actually registered are members.

86. (C) 12th Schedule
The 74th Amendment Act of 1992 added the 12th Schedule to the Constitution of India. This schedule contains a list of eighteen functional items that are assigned to the Municipalities. These items include urban planning, fire services, and the regulation of slaughterhouses. The addition of this schedule helped to define the role of urban local bodies in providing essential civic services.

87. (D) Regulation of land-use and building construction.
One of the key functions transferred to Municipalities under the 12th Schedule is the Regulation of land-use and building construction. This power allows urban local bodies to manage the physical growth of the city and ensure that construction adheres to safety and planning standards. This is a vital function for maintaining orderly development and providing a safe environment for residents.

88. (A) As determined by State Legislature provisions.
The Constitution provides that the legislature of a state may, by law, make provisions with respect to the maintenance of accounts by the Municipalities and the auditing of such accounts. This means that the specific rules and authorities for auditing municipal finances are determined by each state. Proper auditing is a key mechanism for ensuring transparency and preventing the misuse of public funds.

89. (C) Online payment of property taxes and water bills.
A common feature of e-governance in urban local bodies is the ability for citizens to make online payments for property taxes and water bills. This digital service saves time for residents and reduces the need for physical visits to municipal offices. It also improves the efficiency of revenue collection for the urban body and ensures that financial records are updated in real-time.

90. (A) The Governor of the State
The term of office and conditions of service of the State Election Commissioner are determined by the Governor of the state. This power is granted under the constitutional provisions that establish the State Election Commission. By allowing the Governor to set these terms, the Constitution provides a framework for the independent functioning of the commission while maintaining a link with the state administration.

91. (D) Fire services
The 11th Schedule includes subjects such as minor irrigation, education, and markets, which are relevant to rural life. However, Fire services is a subject typically listed in the 12th Schedule for urban local bodies. In rural areas, fire management is often handled through different administrative mechanisms, whereas it is a mandatory functional responsibility for municipalities in cities and towns.

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92. (B) Granting state funds to the Panchayati institutions.
The State Finance Commission makes recommendations to the Governor regarding the distribution of tax revenues and the granting of aid from the state's consolidated fund to the Panchayats. These recommendations help ensure that local bodies have the financial resources needed to perform their duties. The commission's role is fundamental to the fiscal decentralization process, supporting the economic health of local governments.

93. (C) They provided constitutional sanctity to local self-government.
The 73rd and 74th Amendments are highly significant because they provided constitutional sanctity to local self-government in India. Before these amendments, local bodies were often neglected and elections were irregular. By embedding these institutions in the Constitution, the amendments made them a permanent part of the democratic structure, ensuring regular elections, mandatory reservations, and a clear set of functional responsibilities.

94. (D) Meghalaya
Part IX-A of the Constitution, which deals with Municipalities, does not apply to the states of Meghalaya, Mizoram, and Nagaland. This is because these states have their own unique social and political structures, often managed by traditional tribal councils. The exemption allows these regions to maintain their customary laws and practices while still providing a framework for local self-administration.

95. (D) At least four-fifths
The law requires that at least four-fifths of the total number of members of a District Planning Committee must be elected. These members are chosen by and from the elected members of the Zila Parishad and the Municipalities in the district. This high percentage of elected representatives ensures that the planning process is democratic and accurately reflects the needs of the local population.

96. (B) Roads and bridges
Roads and bridges is a functional responsibility that is listed in both the 11th Schedule for rural areas and the 12th Schedule for urban areas. This reflects the universal importance of transportation infrastructure for economic development and social connectivity. Whether in a village or a city, local bodies are responsible for maintaining and building these essential links for their communities.

97. (B) Areas transitioning from rural to urban.
A Nagar Panchayat is a type of urban local body that is specifically constituted for an area that is in transition from a rural to an urban character. The Governor of a state determines whether an area is transitional based on factors such as population size, density, and the level of employment in non-agricultural activities. It serves as the initial tier of urban governance.

98. (A) The Gram Sabha or the Panchayat Secretary.
In the Gram Panchayat, the responsibility for certifying the utilization certificates of funds often lies with the Gram Sabha or the Panchayat Secretary. These certificates are crucial for proving that the money received from government grants or other sources has been spent according to the approved plans and rules. This process ensures financial accountability and allows for the release of further funds.

99. (C) L.M. Singhvi Committee
The L.M. Singhvi Committee, appointed in 1986, played a pivotal role in the constitutionalization of Panchayati Raj. It recommended that local bodies should be constitutionally recognized and protected. This recommendation formed the core of the 73rd Amendment Act, which finally gave Panchayats the status of a third tier of government, ensuring their permanence and empowering them to function as units of self-government.

100. (D) Democracy ensuring social justice and local development.
Local self-government in India is best described as a mechanism for democracy that ensures social justice and local development. By decentralizing power, it allows communities to address their own unique challenges and priorities. This system promotes inclusive growth by providing representation to marginalized groups and ensuring that developmental benefits reach the grassroots level, making governance more equitable and effective.

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CHAPTER 06
Constitutional Bodies

1. Under which Article of the Indian Constitution is the Election Commission of India established?
(A) Article 320
(B) Article 324
(C) Article 326
(D) Article 330

2. Read the following statements regarding the composition of the Election Commission and select the correct option:
Statement I: The Election Commission shall consist of the Chief Election Commissioner and such number of other Election Commissioners as the President may fix.
Statement II: The Constitution prescribes that the Election Commissioners must be retired civil servants of the rank of Secretary.
(A) Statement I is correct and Statement II is incorrect.
(B) Statement I is incorrect and Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

3. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): The Chief Election Commissioner cannot be removed from office except in a manner similar to a Judge of the Supreme Court.
Reason (R): The Constitution seeks to safeguard and ensure the independence and impartiality of the Election Commission.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

4. Which of the following is the correct pair regarding the authority and their appointment?
(A) Chief Election Commissioner — Prime Minister
(B) Finance Commission Members — Speaker of Lok Sabha
(C) CAG — Chief Justice of India
(D) UPSC Chairman — President of India

5. What is the primary purpose of the Model Code of Conduct (MCC) issued by the Election Commission?
(A) To provide specific legal punishments to individual voters who choose not to vote.
(B) To determine and verify the eligibility criteria of candidates for the Rajya Sabha.
(C) To regulate the conduct of political parties and candidates during elections.
(D) To manage and oversee the internal financial transactions of political parties.

6. Match List-I with List-II and select the correct answer using the code given below:
List-I: (Body)
P. Election Commission
Q. Finance Commission
R. UPSC
S. CAG
List-II: (Article)
1. Article 148
2. Article 315
3. Article 324
4. Article 280
(A) P-4, Q-3, R-1, S-2
(B) P-3, Q-4, R-2, S-1
(C) P-3, Q-1, R-2, S-4
(D) P-2, Q-4, R-3, S-1

7. Which of the following is NOT a function of the Election Commission of India?
(A) Preparation of electoral rolls
(B) Conduct of elections to the offices of President and Vice-President
(C) Advice to the President on disqualification of members of Parliament

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(D) Conduct of elections to the Speaker of the Lok Sabha

8. In the context of Voter Verifiable Paper Audit Trail (VVPAT), which statement describes its function?
(A) It provides a physical slip to verify that the vote cast was recorded correctly.
(B) It allows the voter to take a copy of their vote home.
(C) It enables the Election Commission to track the physical location of the voter.
(D) It is used to calculate the total percentage of NOTA votes.

9. Consider the following statements about the recognition of political parties:
1. The Election Commission registers political parties for the purpose of elections.
2. A party is recognized as a National Party if it is recognized in at least four states.
3. The recognition provides the party with a reserved symbol.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

10. Which official is responsible for ensuring free and fair elections at the district level?
(A) District Election Officer
(B) Chief Electoral Officer
(C) Returning Officer
(D) Electoral Registration Officer

11. Under Article 280, the Finance Commission is constituted by the President every:
(A) Three years
(B) Four years
(C) Five years
(D) Six years

12. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): The recommendations made by the Finance Commission are only of an advisory nature.
Reason (R): The Constitution does not make the recommendations of the Commission binding on the Government.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

13. Which criterion was given the highest weightage in the horizontal devolution formula of the 15th Finance Commission?
(A) Forest and Ecology
(B) Demographic Performance
(C) Income Distance
(D) Area

14. Identify the INCORRECT statement regarding the Finance Commission's composition:
(A) It consists of a chairman and four other members.
(B) The members are appointed by the President.
(C) The Chairman must be a person having experience in public affairs.
(D) Members are not eligible for reappointment.

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15. Arrange the following steps of the Finance Commission's functioning in chronological sequence:
1. Submission of the report to the President.
2. Appointment of the Commission by the President.
3. Laying of the report before each House of Parliament.
4. Deliberation on terms of reference.

(A) 2-4-1-3
(B) 4-2-1-3
(C) 2-1-4-3
(D) 1-2-3-4

16. Match List-I with List-II and select the correct answer:
List-I: (Function)
P. Vertical Devolution
Q. Disqualification of MPs (Advice)
R. Disciplinary matters of Civil Servants
S. Audit of State accounts
List-II: (Constitutional Body)
1. Election Commission
2. CAG

3. Finance Commission
4. UPSC

(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-4, Q-2, R-1, S-3
(D) P-3, Q-4, R-2, S-1

17. Read the following statements regarding the 15th Finance Commission and select the correct option:
Statement I: N.K. Singh served as the Chairman of the 15th Finance Commission.
Statement II: The 15th Finance Commission recommended a 41% share for states in the divisible pool of central taxes.
(A) Statement I is correct and Statement II is incorrect.
(B) Statement I is incorrect and Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

18. What does "Vertical Devolution" refer to in the context of the Finance Commission?
(A) Distribution of net tax proceeds between the Union and the States.
(B) Distribution of specific tax proceeds among the various different states.
(C) Allocation of supplementary grants-in-aid to local bodies and panchayats.
(D) Division of annual revenue between the Lok Sabha and the Rajya Sabha.

19. Consider the following statements:
1. Conducting examinations for appointments to the services of the Union.
2. Advising the government on methods of recruitment to civil services.
3. Managing the transfers of All India Service officers between states.

Which of the above are functions of the Union Public Service Commission (UPSC)?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

20. A member of the UPSC holds office for a term of six years or until they attain the age of:
(A) 60 years
(B) 62 years
(C) 65 years
(D) 70 years

21. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): The Chairman and members of UPSC are not eligible for further employment under the Government of India or a state after retirement.
Reason (R): This provision is intended to ensure the independence and integrity of the Commission.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

22. Which of the following is NOT true about the State Public Service Commission (SPSC)?
(A) Its members are appointed by the Governor of the concerned state.
(B) The expenses are charged on the Consolidated Fund of India.
(C) Its members can be removed from office only by the President.
(D) It submits its annual report on performance to the Governor.

23. Which of the following is a correct pair regarding the Constitutional Article and the Body?
(A) Article 338 — National Commission for ST
(B) Article 338A — National Commission for SC
(C) Article 340 — National Commission for SC
(D) Article 338B — National Commission for BC

24. Match List-I with List-II and select the correct answer:
List-I: (Constitutional Body)
P. CAG
Q. SPSC Member
R. CEC
S. Finance Commission Member
List-II: (Removal Authority)
1. President (similar to SC Judge)
2. President (on grounds mentioned in

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Constitution)
3. President (similar to SC Judge)
4. President
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-2, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-1, Q-4, R-3, S-2

25. On which of the following matters is the UPSC NOT consulted?
(A) Methods of recruitment to civil services.
(B) Principles to be followed in making promotions.
(C) Reservation of appointments for Backward Classes.
(D) Disciplinary matters affecting a person serving in a civil capacity.

26. Which statement regarding the Comptroller and Auditor General (CAG) of India is correct?
(A) Administrative expenses are charged on the Consolidated Fund of India.
(B) The CAG is a sitting member of either House of the Parliament.
(C) The salary is subject to an annual vote by the Parliament of India.
(D) The officer holds office during the pleasure of the President of India.

27. Consider the following types of audits performed by the CAG:
1. Compliance Audit
2. Performance Audit
3. Financial Audit
Which of these are within the CAG's mandate?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

28. The CAG of India is appointed by the President by warrant under his hand and seal as per:
(A) Article 143
(B) Article 148
(C) Article 149
(D) Article 151

29. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): The CAG is often called the "friend, philosopher, and guide" of the Public Accounts Committee (PAC) of Parliament.
Reason (R): The CAG assists the PAC in examining the audit reports of the CAG.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

30. Read the following statements and select the correct option:
Statement I: The National Commission for Scheduled Castes was created as a separate body from the ST Commission by the 89th Constitutional Amendment Act.
Statement II: The National Commission for Backward Classes was accorded constitutional status by the 102nd Amendment Act.
(A) Statement I is correct and Statement II is incorrect.
(B) Statement I is incorrect and Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

31. Which of the following is an INCORRECT pair?
(A) UPSC — Recruitment of Group C employees
(B) EVM — Electronic Voting Machine
(C) VVPAT — Voter Verifiable Paper Audit Trail
(D) PAC — Public Accounts Committee

32. Match List-I with List-II and select the correct answer:
List-I: (Constitutional Body)
P. Election Commission
Q. Finance Commission
R. CAG
S. National Commission for SC
List-II: (Article)
1. Article 280
2. Article 324
3. Article 338
4. Article 148
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

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33. Which term refers to the audit that ensures that the money spent by the government was used for the specific purpose for which it was authorized?
(A) Performance Audit
(B) Compliance Audit
(C) Propriety Audit
(D) Efficiency Audit

34. Which of the following is NOT a member of the Finance Commission under the Finance Commission Act?
(A) The Governor of the Reserve Bank of India (ex-officio).
(B) A Judge of a High Court or one qualified to be appointed as such.
(C) A person with special knowledge of finances and accounts of the government.
(D) A person with wide experience in financial matters and administration.

35. Regarding the Election Commission's role in political party recognition, consider the following statements:
1. It grants recognition to National and State parties.
2. It resolves disputes regarding the allotment of symbols to split groups.
3. It determines the criteria for recognition based on poll performance.

Which of the above statement(s) is/are true?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

36. Arrange the following Constitutional Articles in increasing numerical order:
1. Appointment of CAG
2. Appointment of Finance Commission
3. Establishment of UPSC/SPSC
4. Establishment of Election Commission

(A) 1-2-4-3
(B) 1-2-3-4
(C) 4-2-1-3
(D) 2-1-4-3

37. What is the primary role of the Joint State Public Service Commission (JSPSC)?
(A) To conduct examinations for UPSC.
(B) To advise the President on state-level recruitment.
(C) To serve the needs of two or more states as requested by state legislatures.
(D) To audit the accounts of multiple states simultaneously.

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38. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): The Election Commissioners and Regional Commissioners cannot be removed from office except on the recommendation of the Chief Election Commissioner.
Reason (R): This provision ensures that the other commissioners are not subservient to the Chief Election Commissioner.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

39. If the Governor of a state wants the UPSC to serve the needs of the state, who must give final approval?
(A) The Prime Minister
(B) The Chief Justice of India
(C) The State Legislature
(D) The President of India

40. Which of the following commissions is responsible for investigating matters relating to the safeguards provided for the socially and educationally backward classes?
(A) National Commission for Backward Classes
(B) National Commission for Scheduled Tribes
(C) National Commission for Scheduled Castes
(D) National Commission for Minorities

41. Match List-I with List-II and select the correct answer:
List-I: (Tenure/Age)
P. 6 years or 65 years age
Q. 6 years or 62 years age
R. Fixed by President in appointment order
S. No fixed tenure in Constitution (term determined by the President)

List-II: (Constitutional Body)
1. Finance Commission Member

2. SPSC Member
3. UPSC Member
4. CEC

(A) P-3, Q-2, R-4, S-1
(B) P-4, Q-2, R-3, S-1
(C) P-3, Q-2, R-1, S-4
(D) P-1, Q-2, R-3, S-4

42. The salary and other service conditions of the Comptroller and Auditor General (CAG) are determined by:
(A) The Parliament by law
(B) The President of India
(C) The Ministry of Finance
(D) The Cabinet Committee on Appointments

43. Consider the following statements about the CAG's reports:
1. The CAG submits three audit reports to the President.
2. The President lays these reports before both Houses of Parliament.
3. These reports are examined by the Estimates Committee.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

44. Which Article empowers the CAG to perform duties and exercise powers in relation to the accounts of the Union and the States?
(A) Article 148
(B) Article 149
(C) Article 150
(D) Article 151

45. The "Terms of Reference" for the Finance Commission are determined by:
(A) The Parliament
(B) The NITI Aayog
(C) The President
(D) The Union Finance Minister

46. Which statement is true regarding the removal of an SPSC member?
(A) They are removed by the Governor on grounds of misbehavior.
(B) They are removed by the State Legislature through impeachment.
(C) They are removed by the Chief Justice of the High Court.
(D) They are removed by the President in the same manner as a UPSC member.

47. Which of the following is NOT a constitutional body?
(A) NITI Aayog
(B) Finance Commission
(C) UPSC
(D) CAG

48. Read the following statements and select the correct option:
Statement I: The 15th Finance Commission used the 2011 Census data for its recommendations.
Statement II: A "demographic performance" criterion was introduced to reward states that have achieved lower fertility rates.
(A) Both statements are correct.
(B) Both statements are incorrect.
(C) Statement I is correct, Statement II is incorrect.
(D) Statement I is incorrect, Statement II is correct.

49. Which of the following is a correctly matched pair?
(A) Article 280 — Election Commission
(B) Article 315 — UPSC and SPSC
(C) Article 148 — Finance Commission
(D) Article 324 — CAG

50. A candidate is disqualified from contesting elections based on a law made by Parliament. Who has the power to decide on this disqualification (except for cases related to defection)?
(A) The President, after consulting the Election Commission
(B) The Speaker of the Lok Sabha
(C) The Supreme Court of India
(D) The Ministry of Law and Justice

51. Who was the Chairman of the 15th Finance Commission?
(A) Y.V. Reddy
(B) Vijay Kelkar
(C) N.K. Singh
(D) C. Rangarajan

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52. Which of the following is an INCORRECT statement?
(A) The Election Commission is a permanent and independent constitutional body.
(B) The Election Commission conducts elections to the various State Legislatures.
(C) The Chief Election Commissioner serves for a fixed tenure of six years.
(D) The Constitution prescribes the legal and judicial qualifications for its members.

53. The main reason the CAG is independent of the Executive is:
(A) To ensure he can attend Parliament sessions.
(B) To allow him to become a member of the PAC.
(C) To ensure unbiased auditing of government expenditure.
(D) To give him the status of a Cabinet Minister.

54. If a new state is created, which body determines the allocation of tax revenue to it from the central pool?
(A) Planning Commission
(B) Finance Commission
(C) GST Council
(D) Inter-State Council

55. Which of the following statements is correct?
(A) The UPSC Chairman can be reappointed for a second term.
(B) A member of SPSC is not eligible for appointment as SPSC Chairman.
(C) The UPSC members are appointed by the Prime Minister.
(D) The SPSC Chairman can be appointed as the Chairman of UPSC.

56. The Finance Commission does NOT make recommendations on:
(A) The salaries of the Judges of the High Court.
(B) The distribution of net tax proceeds between Union and States.
(C) The principles governing grants-in-aid to states.
(D) Measures to augment the consolidated fund of a state for panchayats.

57. What is "Horizontal Devolution"?
(A) Transfer of fiscal funds from the Central Government to the States.
(B) Transfer of specific funds from the States to various Local Bodies.
(C) Allocation of the states' tax share among the states themselves.
(D) Allocation of funds between different ministries of the Union government.

58. The 102nd Amendment Act, 2018, provided constitutional status to:
(A) National Commission for BC
(B) National Commission for SC
(C) National Commission for ST
(D) National Commission for Women

59. Which of the following is an INCORRECT pair?
(A) 15th Finance Commission — Operational period from 2021 to 2026.
(B) UPSC — Acts as an Advisory Body to the Government of India.
(C) CAG — Serves as the official Guardian of the Public Purse.
(D) Election Commission — Multi-member body since 1950.

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60. Read the following statements and select the correct option:
Statement I: The Joint State Public Service Commission (JSPSC) is a constitutional body.
Statement II: JSPSC is created by an act of Parliament on the request of the concerned state legislatures.
(A) Both are correct.
(B) Both are incorrect.
(C) I is correct, II is incorrect.
(D) I is incorrect, II is correct.

61. During an election, if a dispute arises regarding the allotment of a symbol to a splinter group of a recognized party, who decides the matter?
(A) The Supreme Court
(B) The High Court of the state
(C) The Election Commission
(D) The Ministry of Law

62. Which statement regarding the Comptroller and Auditor General (CAG) of India is correct?
(A) The CAG can be a member of either House of Parliament.
(B) The CAG is eligible for further office under the Government of India after retirement.
(C) The CAG's salary is equal to that of a Cabinet

Secretary.
(D) The CAG is the head of the Indian Audit and Accounts Department.

63. The National Commission for Scheduled Tribes was established under which Article?
(A) Article 338
(B) Article 338A
(C) Article 338B
(D) Article 339

64. Which of the following is an INCORRECT statement?
(A) The UPSC conducts examinations for All-India Services.
(B) The UPSC Chairman submits the annual report to the Prime Minister.
(C) The SPSC conducts examinations for state services.
(D) The President can remove a UPSC member for infirmity of mind or body.

65. "Performance Audit" by the CAG evaluates:
(A) Whether the actual expenditure strictly conforms to the established rules.
(B) Whether programs achieved objectives economically and efficiently.
(C) Whether the presented financial statements are completely accurate.
(D) Whether the mandatory taxes were collected within the specified time.

66. How many Election Commissioners, apart from the CEC, are currently in the Election Commission of India?
(A) One
(B) Two
(C) Three
(D) Four

67. Which of the following is a correctly matched pair?
(A) Article 315 — Removal of UPSC members
(B) Article 317 — Appointment and term of office of members
(C) Article 320 — Functions of Public Service Commissions
(D) Article 323 — Expenses of Public Service Commissions

68. Which of the following is NOT a ground for the removal of a member of the UPSC by the President?
(A) If he is adjudged an insolvent.
(B) If he engages in paid employment outside the duties of his office.
(C) If he is unfit by reason of infirmity of mind or body.
(D) If he disagrees with the government's recruitment policy.

69. Read the following statements and select the correct option:
Statement I: The Finance Commission is a quasi-judicial body.
Statement II: Its members are appointed for a fixed term of six years.
(A) Both are correct.
(B) I is correct, II is incorrect.
(C) I is incorrect, II is correct.
(D) Both are incorrect.

70. The CAG of India is responsible for auditing the accounts of:
(A) The Union Government only
(B) Both the Union and State Governments
(C) The State Governments only
(D) The Union, State, and Local bodies directly

71. The 15th Finance Commission used which year's population data?
(A) 1971
(B) 1991
(C) 2001
(D) 2011

72. Which of the following statements is correct regarding the State Public Service Commission (SPSC)?
(A) The SPSC Chairman is appointed by the Governor and removed by the President.
(B) The SPSC Chairman is appointed by the Governor and removed by the Governor.
(C) The SPSC Chairman is appointed by the President and removed by the President.
(D) The SPSC Chairman is appointed by the President and removed by the Governor.

73. Which body is consulted by the President on the matter of the "merit system" in India?
(A) NITI Aayog

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(B) Cabinet Secretariat
(C) UPSC
(D) Finance Commission

74. Which of the following is an INCORRECT statement?
(A) The CAG can sit in the Rajya Sabha and vote on financial bills.
(B) The CAG acts as an agent of the Parliament.
(C) The CAG has more freedom in auditing expenditure than in auditing receipts.
(D) The CAG can audit the accounts of any other authority when requested by the President or Governor.

75. What is a "Multi-member" Election Commission?
(A) A commission with members from all political parties.
(B) A commission consisting of members from both the Lok Sabha and Rajya Sabha.
(C) A commission that includes the Chief Justices of all High Courts.
(D) A commission consisting of a CEC and other Election Commissioners.

76. Who determines the number of members in a State Public Service Commission?
(A) The President
(B) The Governor
(C) The State Legislature
(D) The Parliament

77. Which of the following is a correctly matched pair?
(A) CAG — Article 152
(B) Election Commission — Article 320
(C) Finance Commission — Article 280
(D) UPSC — Article 324

78. Which of the following is NOT a power of the Election Commission?
(A) To advise the President on whether elections can be held in a state under President's rule.
(B) To cancel polls in the event of rigging.
(C) To supervise the machinery of elections throughout the country.
(D) To disqualify a candidate for life from contesting elections.

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79. Read the following statements and select the correct option:
Statement I: The CAG submits the audit report on appropriation accounts to the President.
Statement II: The CAG submits the audit report on commercial undertakings to the President.
(A) Both are correct.
(B) Both are incorrect.
(C) I is correct, II is incorrect.
(D) I is incorrect, II is correct.

80. The independence of the UPSC is maintained by:
(A) Making its recommendations binding on the government.
(B) Charging its expenses on the Consolidated Fund of India.
(C) Allowing members to take up jobs in private sectors post-retirement.
(D) Giving the Chairman the status of the Chief Justice of India.

81. Under which Amendment were the National Commission for SC and National Commission for ST bifurcated?
(A) 65th Amendment
(B) 89th Amendment
(C) 92nd Amendment
(D) 102nd Amendment

82. Which of the following statements is correct regarding the 15th Finance Commission?
(A) It recommended a 1% special quota for Jammu, Kashmir, and Ladakh.
(B) The final report of the Commission is submitted directly to the Prime Minister.
(C) The Finance Commission is established as a permanent and continuous body.
(D) Its members are strictly not eligible for reappointment for a second term.

83. If the UPSC's advice is not accepted by the government, the government must:
(A) Resign immediately.
(B) Refer the matter to the Supreme Court.
(C) Lay the reasons for non-acceptance before the Parliament.
(D) Pay a fine to the Commission.

84. Which of the following is an INCORRECT statement?

(A) The Election Commission is a three-member body.
(B) The CEC and other ECs enjoy equal powers.
(C) The CEC presides over the Election Commission.
(D) The Election Commission is responsible for elections to Municipalities.

85. "Income Distance" in Finance Commission terms refers to:
(A) The measured economic distance between the rich and the poor in a specific state.
(B) The direct physical distance of the state capital from the national capital city.
(C) The per capita income distance from the state with the highest per capita income.
(D) The calculated difference between the state's total revenue and its expenditure.

86. Which body is known as the "Watchdog of the Public Purse"?
(A) Finance Commission
(B) CAG
(C) RBI
(D) Public Accounts Committee

87. Which of the following is a correctly matched pair?
(A) SPSC — Reports to President
(B) UPSC — Reports to Parliament directly
(C) CAG — Reports to the Finance Minister
(D) JSPSC — Reports to Governors of concerned states

88. Which of these is NOT a function of the National Commission for SC?
(A) To provide reservation in private sector jobs for SCs.
(B) To investigate and monitor all matters relating to legal safeguards for SCs.
(C) To inquire into specific complaints with respect to the deprivation of rights of SCs.
(D) To participate and advise on the planning process of socio-economic development of SCs.

89. Read the following statements and select the correct option:
Statement I: The CAG can be removed from office in like manner and on like grounds as a Judge of the Supreme Court.
Statement II: The CAG takes an oath to uphold the Constitution and the laws of India.
(A) Both are correct.
(B) Both are incorrect.
(C) I is correct, II is incorrect.
(D) I is incorrect, II is correct.

90. The Model Code of Conduct comes into force:
(A) From the date the election schedule is announced by the EC.
(B) Six months before the election.
(C) From the date the notification for the first phase is issued.
(D) On the day voting starts.

91. Which article deals with the appointment of the Chairman and members of UPSC?
(A) Article 315
(B) Article 316
(C) Article 317
(D) Article 318

92. Which of the following statements is correct?
(A) The Election Commission is a temporary body.
(B) The Finance Commission is a temporary body constituted every 5 years.
(C) The UPSC is a non-constitutional body.
(D) The CAG is appointed by the Chief Justice of India.

93. In case of a difference of opinion between the CEC and other Election Commissioners:
(A) The opinion of the CEC prevails.
(B) The matter is referred to the President.
(C) The matter is decided by the Commission by majority.
(D) The matter is referred to the Supreme Court.

94. Which of the following is an INCORRECT statement?
(A) The UPSC's expenses are charged on the Consolidated Fund of India.
(B) The SPSC's expenses are charged on the Consolidated Fund of the State.
(C) The CAG's expenses are charged on the Consolidated Fund of India.
(D) The Finance Commission's administrative expenses are charged on the Consolidated Fund of India by the Constitution.

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95. What is the "Divisible Pool"?
(A) The portion of central taxes that is shared with the states.
(B) The total taxes collected by the Union government.
(C) The revenue collected by states through GST.
(D) The grants given by the World Bank to India.

96. Who appoints the Chairman of the Joint State Public Service Commission?
(A) The Governors of the concerned states jointly.
(B) The President of India.
(C) The Prime Minister of India.
(D) The Chief Justice of India.

97. Which of the following is a correctly matched pair?
(A) Article 338 — National Commission for BC
(B) Article 338A — National Commission for ST
(C) Article 338B — National Commission for SC
(D) Article 340 — Finance Commission

98. The UPSC is NOT consulted on which of the following?
(A) The selection of a person for a post with a tenure of less than one year.
(B) Disciplinary matters affecting a civil servant.
(C) Claims for reimbursement of legal expenses by a civil servant.
(D) Principles of promotion and transfer.

99. Read the following statements and select the correct option:
Statement I: The CAG has no control over the issue of money from the consolidated fund.
Statement II: In India, the CAG is only an Auditor General and not a Comptroller.
(A) Both are correct.
(B) Both are incorrect.
(C) I is correct, II is incorrect.
(D) I is incorrect, II is correct.

100. Which body is responsible for the recognition of "State Parties"?
(A) State Election Commission
(B) Ministry of Home Affairs
(C) Parliament
(D) Election Commission of India

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ANSWERS

1. (B) Article 324
The Election Commission of India is established under Article 324 of the Constitution. This constitutional provision grants the commission the authority for the superintendence, direction, and control of elections to Parliament and State Legislatures. It also oversees the elections for the offices of the President and Vice-President, ensuring a free and fair democratic process throughout the entire nation.

2. (A) Statement I is correct and Statement II is incorrect.
The Constitution stipulates that the Election Commission consists of the Chief Election Commissioner and other commissioners as determined by the President. However, it does not prescribe specific educational or professional qualifications for these members. Therefore, the requirement for members to be retired civil servants of a specific rank is not a constitutional mandate but is based on convention.

3. (A) Both A and R are true and R is the correct explanation of A.
The Chief Election Commissioner is granted security of tenure to ensure the independence and impartiality of the electoral process. Removal from office can only occur through a process identical to that of a Supreme Court Judge. This rigorous procedure protects the head of the commission from political pressure, thereby upholding the integrity and fairness of democratic elections in India.

4. (D) UPSC Chairman — President of India
The Chairman and other members of the Union Public Service Commission are appointed by the President of India. This constitutional body is responsible for conducting examinations for appointments to the services of the Union. The appointment process ensures that the commission maintains its independence and functions without executive interference, adhering to the principles of merit-based recruitment for various civil services.

5. (C) To regulate the conduct of political parties and candidates during elections.
The Model Code of Conduct is a set of guidelines issued by the Election Commission of India to regulate the behavior of political parties and candidates during elections. It aims to ensure free and fair polling by preventing unfair practices, misuse of official machinery, and inflammatory speeches. This code comes into operation immediately after the election schedule is announced.

6. (B) P-3, Q-4, R-2, S-1
The Constitution of India establishes various bodies under specific articles to ensure democratic governance. Article 324 provides for the Election Commission, while Article 280 mandates the Finance Commission. Furthermore, Article 315 relates to the Public Service Commissions for the Union and States, and Article 148 establishes the office of the Comptroller and Auditor General of India.

7. (D) Conduct of elections to the Speaker of the Lok Sabha
The Election Commission of India is responsible for conducting elections to the Parliament, State Legislatures, and the offices of the President and Vice-President. However, it does not oversee the election of the Speaker of the Lok Sabha. The Speaker is elected by the members of the Lok Sabha from among themselves, which is an internal parliamentary procedure.

8. (A) It provides a physical slip to verify that the vote cast was recorded correctly.
The Voter Verifiable Paper Audit Trail is an independent system attached to Electronic Voting Machines that allows voters to verify their votes. When a vote is cast, a slip is printed containing the serial number, name, and symbol of the candidate. This physical slip remains visible for seven seconds before falling into a sealed drop box.

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9. (D) 1, 2, and 3
The Election Commission of India registers political parties and grants them recognition as National or State parties based on their poll performance. A party is recognized as a National Party if it meets specific criteria in at least four states. Such recognition provides the party with a reserved symbol and free airtime on public broadcasters during election periods.

10. (A) District Election Officer
At the district level, the District Election Officer is the primary official responsible for supervising the election work. This officer, typically the District Magistrate, coordinates the conduct of elections within the district under the superintendence of the Chief Electoral Officer of the state. This hierarchy ensures that the directives of the Election Commission are implemented effectively during polling activities.

11. (C) Five years
Under Article 280 of the Constitution, the Finance Commission is constituted by the President of India every five years or at such earlier time as considered necessary. This commission is a quasi-judicial body primarily responsible for recommending the distribution of financial resources between the Union and the States, ensuring fiscal stability and equitable revenue sharing within the Indian federation.

12. (A) Both A and R are true and R is the correct explanation of A.
The recommendations made by the Finance Commission are advisory in nature and not legally binding on the government. While the Constitution requires the President to lay the recommendations before Parliament, it does not mandate their implementation. This allows the government flexibility in fiscal management, although the recommendations of this high-level constitutional body are traditionally given significant weight and respect.

13. (C) Income Distance
The 15th Finance Commission used several criteria for horizontal devolution of taxes among states. Among these, income distance was assigned the highest weightage of forty-five percent. This criterion measures the gap between the per capita income of a state and the state with the highest per capita income, aiming to promote fiscal equalization and support economically weaker states in India.

14. (D) Members are not eligible for reappointment.
The Finance Commission consists of a chairman and four other members appointed by the President. According to the Finance Commission Act, the members are eligible for reappointment. This differs from other constitutional bodies, such as the UPSC, where the chairman and members are generally ineligible for further employment or reappointment to ensure their independence and integrity after their tenure.

15. (A) 2-4-1-3
The functioning of the Finance Commission follows a specific sequence starting with its appointment by the President. Following this, the commission deliberates on its terms of reference and consults with various stakeholders. Once the analysis is complete, the commission submits its final report to the President, who then ensures the report is laid before each House of the Parliament.

16. (B) P-3, Q-1, R-4, S-2
Constitutional bodies in India have distinct functions. The Finance Commission recommends vertical devolution of taxes, while the Election Commission advises the President on the disqualification of members of Parliament. The Union Public Service Commission handles disciplinary matters for civil servants. Lastly, the Comptroller and Auditor General is responsible for auditing the accounts of the Union and State governments.

17. (C) Both statements are correct.
The 15th Finance Commission was headed by N.K. Singh and provided recommendations for the period from 2021 to 2026. One of its key recommendations was to maintain the states' share in the divisible pool of central taxes at forty-one percent. This was a slight adjustment from the previous commission to account for the newly created Union Territories of India.

18. (A) Distribution of net tax proceeds between the Union and the States.
Vertical devolution refers to the allocation of the net proceeds of central taxes between the Union

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government and the State governments. This is a primary function of the Finance Commission under Article 280. By determining this ratio, the commission ensures that states have sufficient financial resources to meet their developmental needs while maintaining the fiscal balance of the central government.

19. (A) 1 and 2 only
The Union Public Service Commission is responsible for conducting examinations for appointments to the services of the Union and advising the government on recruitment methods. However, it is not involved in the administrative task of managing the transfers of All India Service officers. Transfers are handled by the respective cadre-controlling authorities in the central and state governments, not the commission.

20. (C) 65 years
A member of the Union Public Service Commission holds office for a term of six years or until they attain the age of sixty-five years, whichever is earlier. This fixed tenure and age limit are designed to ensure the independence and stability of the commission. Once the term expires, the members are generally ineligible for further employment under the government.

21. (A) Both A and R are true and R is the correct explanation of A.
The Constitution prohibits the Chairman and members of the Union Public Service Commission from seeking further employment under the government after their retirement. This provision is essential for maintaining the integrity and independence of the commission. It prevents members from being influenced by the prospect of future government positions, ensuring that they perform their recruitment and advisory duties impartially.

22. (B) The expenses are charged on the Consolidated Fund of India.
The State Public Service Commission is a constitutional body where members are appointed by the Governor but can only be removed by the President. Importantly, the administrative expenses of the commission, including salaries and pensions, are charged on the Consolidated Fund of the State rather than the Consolidated Fund of India. This ensures the commission's financial independence at the state level.

23. (D) Article 338B — National Commission for BC
Article 338B was inserted into the Constitution by the 102nd Amendment Act to provide constitutional status to the National Commission for Backward Classes. Similarly, Article 338 establishes the National Commission for Scheduled Castes, and Article 338A establishes the National Commission for Scheduled Tribes. These provisions ensure that the rights and safeguards of these specific groups are monitored by constitutional bodies.

24. (A) P-1, Q-2, R-3, S-4
Different constitutional authorities have varied removal procedures. The Comptroller and Auditor General and the Chief Election Commissioner are removed by the President in the same manner as a Supreme Court Judge. Members of the State Public Service Commission are removed by the President on specific constitutional grounds. Finance Commission members serve for a term specified by the President in their appointment.

25. (C) Reservation of appointments for Backward Classes.
The Union Public Service Commission is consulted on matters related to recruitment methods, promotions, and disciplinary actions. However, the Constitution explicitly states that the commission need not be consulted regarding the reservation of appointments for any backward class of citizens. Decisions on reservations are policy matters handled directly by the government to ensure social justice as per constitutional mandates.

26. (A) Administrative expenses are charged on the Consolidated Fund of India.
To ensure the independence of the Comptroller and Auditor General, the Constitution provides that the administrative expenses of this office are charged upon the Consolidated Fund of India. This means these expenses are not subject to a vote in Parliament. Furthermore, the CAG has security of tenure and is not eligible for further government office after completing their service term.

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27. (D) 1, 2, and 3
The Comptroller and Auditor General of India performs various types of audits to ensure financial accountability. This includes compliance audits to verify adherence to rules, financial audits to check the accuracy of accounts, and performance audits to evaluate the economy, efficiency, and effectiveness of government programs. These comprehensive audits help the legislature monitor the executive's use of public funds.

28. (B) Article 148
Article 148 of the Constitution provides for the independent office of the Comptroller and Auditor General of India. The CAG is appointed by the President by warrant under his hand and seal. This high-ranking constitutional authority is the guardian of the public purse and is responsible for auditing the entire financial system of the country at both central and state levels.

29. (A) Both A and R are true and R is the correct explanation of A.
The Comptroller and Auditor General plays a vital role as a friend, philosopher, and guide to the Public Accounts Committee of Parliament. The CAG assists the committee by explaining the technical nuances of the audit reports and identifying the key issues for examination. This collaboration ensures that the legislature can effectively hold the executive accountable for its financial conduct.

30. (C) Both statements are correct.
The 89th Constitutional Amendment Act bifurcated the combined commission into the National Commission for Scheduled Castes and the National Commission for Scheduled Tribes. Later, the 102nd Amendment Act granted constitutional status to the National Commission for Backward Classes, which was previously a statutory body. These changes reflect the strengthening of the institutional framework for protecting the interests of marginalized communities.

31. (A) UPSC — Recruitment of Group C employees
The Union Public Service Commission is primarily responsible for recruiting candidates for Group A and Group B services of the central government. Recruitment for Group C and other lower-level positions is typically conducted by the Staff Selection Commission or other specialized recruitment boards. The UPSC focuses on higher-level administrative, technical, and professional services to maintain the excellence of the bureaucracy.

32. (B) P-2, Q-1, R-4, S-3
The Constitution of India contains specific articles for various independent bodies. Article 324 relates to the Election Commission, while Article 280 concerns the Finance Commission. Article 148 establishes the Comptroller and Auditor General, and Article 338 provides for the National Commission for Scheduled Castes. These articles define the powers and duties of these essential institutions within the democratic framework.

33. (B) Compliance Audit
A compliance audit, also known as an audit against provision of funds, is performed by the Comptroller and Auditor General. It ensures that the money spent by the government was used for the specific purpose for which it was legally authorized by the legislature. This type of audit is essential for maintaining legal and procedural discipline in the management of public finances.

34. (A) The Governor of the Reserve Bank of India (ex-officio).
According to the Finance Commission Act, the commission consists of a chairman and four other members with specific qualifications. These include individuals with experience in public affairs, judicial knowledge, or expertise in government accounts and administration. The Governor of the Reserve Bank of India is not an ex-officio member of the commission, as the composition is determined by presidential appointment.

35. (D) 1, 2, and 3
The Election Commission of India has the authority to grant recognition to National and State parties based on their performance in elections. It also resolves disputes regarding party names and symbols, acting as a quasi-judicial body in cases of party splits. The criteria for recognition are strictly defined by the commission

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to ensure that only significant political entities receive these benefits.

36. (B) 1-2-3-4
The numerical order of the relevant constitutional articles begins with Article 148 for the Comptroller and Auditor General. It is followed by Article 280, which deals with the Finance Commission. Then, Article 315 establishes the Public Service Commissions for the Union and the States. Finally, Article 324 provides the framework for the establishment and powers of the Election Commission.

37. (C) To serve the needs of two or more states as requested by state legislatures.
A Joint State Public Service Commission can be established by an Act of Parliament when the legislatures of two or more states pass a resolution to that effect. Its primary role is to conduct recruitment and serve the personnel needs of those specific states. Unlike the UPSC and SPSC, the JSPSC is a statutory body rather than a constitutional one.

38. (C) A is true but R is false.
The Constitution provides that Election Commissioners and Regional Commissioners cannot be removed from office except on the recommendation of the Chief Election Commissioner. This provision is intended to protect these officers from arbitrary executive action. However, it does not mean they are equal to the CEC in removal procedures, as the CEC has a higher level of constitutional protection.

39. (D) The President of India
The Union Public Service Commission can serve the needs of a state if requested by the Governor of that state. However, such an arrangement requires the final approval of the President of India. This provision allows states to utilize the expertise and impartial recruitment processes of the UPSC for their own civil services, ensuring a high standard of selection for state-level positions.

40. (A) National Commission for Backward Classes
The National Commission for Backward Classes is a constitutional body responsible for investigating matters relating to the safeguards provided for socially and educationally backward classes. It examines complaints regarding the deprivation of rights and advises the government on the socio-economic development of these classes. This role was strengthened after the commission was granted constitutional status by the 102nd Amendment Act.

41. (A) P-3, Q-2, R-4, S-1
Tenure and age limits vary across constitutional bodies. Members of the Union Public Service Commission and the Chief Election Commissioner serve for six years or until sixty-five years of age. For State Public Service Commission members, the age limit is sixty-two years. Members of the Finance Commission do not have a constitutionally fixed tenure; their term is specified by the President.

42. (A) The Parliament by law
The salary and other service conditions of the Comptroller and Auditor General of India are determined by the Parliament through legislation. According to the Constitution, these conditions cannot be varied to the disadvantage of the CAG after their appointment. This protection ensures that the officer can function independently and without fear or favor while auditing the accounts of the government.

43. (A) 1 and 2 only
The Comptroller and Auditor General submits three audit reports to the President: the audit report on appropriation accounts, the audit report on finance accounts, and the audit report on public undertakings. The President then lays these reports before both Houses of Parliament. These reports are subsequently examined by the Public Accounts Committee, not the Estimates Committee, for legislative oversight.

44. (B) Article 149
Article 149 of the Constitution empowers the Parliament to prescribe the duties and powers of the Comptroller and Auditor General in relation to the accounts of the Union, the States, and any other authority. Accordingly, the Parliament enacted the CAG's Duties, Powers, and Conditions of Service Act in 1971. This act provides the detailed legal framework for the CAG's auditing functions.

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45. (C) The President
The "Terms of Reference" for the Finance Commission are determined by the President of India. These terms outline the specific matters the commission must consider while making its recommendations on tax devolution and grants-in-aid. While the government provides inputs, the formal mandate comes from the President, who constitutes the commission every five years as per Article 280 of the Constitution.

46. (D) They are removed by the President in the same manner as a UPSC member.
Although the members of a State Public Service Commission are appointed by the Governor, they can only be removed from office by the President of India. The removal process is the same as that for a member of the Union Public Service Commission, which involves a reference to the Supreme Court for an inquiry into cases of alleged misbehavior or other grounds.

47. (A) NITI Aayog
NITI Aayog is a non-constitutional and non-statutory body created through an executive resolution of the Union Cabinet. In contrast, the Finance Commission, the Union Public Service Commission, and the office of the Comptroller and Auditor General are constitutional bodies established under specific articles of the Constitution. This distinction reflects the different legal origins and statuses of these various governmental organizations.

48. (A) Both statements are correct.
The 15th Finance Commission used the 2011 Census data as the basis for its population-related recommendations, replacing the 1971 data used by previous commissions. Additionally, it introduced the "demographic performance" criterion to reward states that have successfully implemented population control measures and achieved lower fertility rates. This balanced approach addresses the concerns of states that have effectively managed their population growth.

49. (B) Article 315 — UPSC and SPSC
Article 315 of the Constitution provides for the establishment of a Public Service Commission for the Union and a Public Service Commission for each State. Other articles are often confused; for instance, Article 324 relates to the Election Commission, Article 280 to the Finance Commission, and Article 148 to the Comptroller and Auditor General. These articles are foundational to India's institutional framework.

50. (A) The President, after consulting the Election Commission
Decisions regarding the disqualification of members of Parliament on grounds other than defection are made by the President of India. However, the Constitution mandates that the President must obtain the opinion of the Election Commission and act according to such opinion. This ensures that the decision-making process is based on an independent assessment by the constitutional body responsible for elections.

51. (C) N.K. Singh
N.K. Singh, a prominent economist and former civil servant, served as the Chairman of the 15th Finance Commission. The commission was tasked with recommending the tax-sharing formula between the Union and the States for the period from 2021 to 2026. His leadership was crucial in addressing complex issues like the impact of GST and the changing fiscal needs of different states.

52. (D) The Constitution prescribes the legal and judicial qualifications for its members.
Unlike the qualifications for judges, the Constitution does not prescribe specific legal, judicial, or educational qualifications for the members of the Election Commission. Instead, it leaves the determination of the conditions of service and tenure to the President, subject to any law made by Parliament. This lack of specific constitutional criteria is often a point of discussion regarding institutional reforms.

53. (C) To ensure unbiased auditing of government expenditure.
The independence of the Comptroller and Auditor General is fundamental to ensuring that the audit of government expenditure is conducted without any executive influence. By being independent of the executive, the CAG can provide an objective and unbiased assessment of how public funds are spent. this accountability is vital for the legislature and the public to trust the government's financial management.

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54. (B) Finance Commission
When a new state is created or the territorial boundaries of states change, the Finance Commission is the body responsible for recommending the allocation of tax revenue to the new entity. This ensures that the new state has the necessary financial resources to function effectively. The commission's role is to maintain fiscal equity and balance across all units of the Indian federation.

55. (D) The SPSC Chairman can be appointed as the Chairman of UPSC.
According to the Constitution, the Chairman of a State Public Service Commission is eligible for appointment as the Chairman or a member of the Union Public Service Commission. However, once a person has held the office of Chairman of the UPSC, they are ineligible for any further employment under the government. This rule helps maintain the independence and impartiality of the recruitment process.

56. (A) The salaries of the Judges of the High Court.
The Finance Commission makes recommendations on the distribution of taxes, the principles for grants-in-aid, and measures to augment the consolidated funds of states for local bodies. It does not deal with the salaries of High Court judges, which are determined by Parliament and charged on the Consolidated Fund of the State. The commission's primary focus is on the broader fiscal relations.

57. (C) Allocation of the states' tax share among the states themselves.
Horizontal devolution refers to the distribution of the states' collective share of central taxes among the individual states. The Finance Commission develops a formula based on various criteria, such as population, area, forest cover, and income distance, to determine how much each state should receive. This ensures that the financial needs and performance of different states are addressed fairly and systematically.

58. (A) National Commission for BC
The 102nd Constitutional Amendment Act, 2018, provided constitutional status to the National Commission for Backward Classes by inserting Article 338B. This elevated the commission from a statutory body to a constitutional one, granting it powers similar to those of the National Commissions for Scheduled Castes and Scheduled Tribes. It now has the authority to investigate complaints and protect the interests of backward classes.

59. (D) Election Commission — Multi-member body since 1950.
The Election Commission of India functioned as a single-member body from its inception in 1950 until 1989. It was briefly made a three-member body, then reverted to a single-member commission, and finally became a permanent multi-member body in 1993. This change was implemented to handle the increasing workload and ensure a more balanced and collective decision-making process within the commission.

60. (D) I is incorrect, II is correct.
The Joint State Public Service Commission is a statutory body, not a constitutional one. It is created by an Act of Parliament when the legislatures of two or more states request such a body through a resolution. While the UPSC and SPSC are established directly by the Constitution, the JSPSC serves the personnel needs of multiple states through a central legislative process.

61. (C) The Election Commission
In the event of a split in a recognized political party, the Election Commission has the quasi-judicial power to decide which faction is the legitimate party and who should be allotted the party's symbol. This decision is typically based on the majority support each faction enjoys among the party's organizational and legislative wings. The commission's ruling in such disputes is legally binding.

62. (D) The CAG is the head of the Indian Audit and Accounts Department.
The Comptroller and Auditor General is the administrative head of the Indian Audit and Accounts Department. In this capacity, the CAG oversees the auditing of the entire financial system of the country at both the central and state levels. This role is essential for maintaining financial accountability and ensuring that public money is spent in accordance with the law and legislative approvals.

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63. (B) Article 338A
The National Commission for Scheduled Tribes was established as a separate constitutional body under Article 338A following the 89th Constitutional Amendment Act. This amendment separated the original combined commission for Scheduled Castes and Scheduled Tribes into two distinct entities. This change allowed for a more focused approach to addressing the unique socio-economic and cultural issues faced by tribal communities in India.

64. (B) The UPSC Chairman submits the annual report to the Prime Minister.
The Union Public Service Commission submits its annual report on its performance directly to the President of India. The President then ensures that the report, along with a memorandum explaining cases where the commission's advice was not accepted, is laid before both Houses of Parliament. This reporting structure ensures that the commission is accountable to the legislature rather than the executive.

65. (B) Whether programs achieved objectives economically and efficiently.
A performance audit conducted by the Comptroller and Auditor General evaluates whether government programs, projects, or organizations have achieved their intended objectives with economy, efficiency, and effectiveness. This type of audit goes beyond mere financial compliance to assess the actual impact and quality of public spending. It provides valuable feedback for improving the governance and implementation of various developmental schemes.

66. (B) Two
Currently, the Election Commission of India consists of the Chief Election Commissioner and two other Election Commissioners. This multi-member structure was permanently established in 1993 to ensure collective responsibility and balanced decision-making. All three commissioners enjoy equal status, salary, and powers, and decisions within the commission are typically made through a majority vote in case of any internal disagreement.

67. (C) Article 320 — Functions of Public Service Commissions
Article 320 of the Constitution details the various functions of the Public Service Commissions, including the conduct of examinations for appointments and advising the government on recruitment methods. Other related articles include Article 315 for the establishment of commissions, Article 316 for appointments and terms, and Article 317 for the removal of members. These provisions define the scope of the commissions' authority.

68. (D) If he disagrees with the government's recruitment policy.
A member of the Union Public Service Commission can be removed by the President on grounds of insolvency, engaging in outside employment, or infirmity of mind or body. Removal for "misbehavior" requires a Supreme Court inquiry. Disagreeing with the government's recruitment policy is not a valid ground for removal, as the commission is intended to be an independent advisory body.

69. (B) I is correct, II is incorrect.
The Finance Commission is considered a quasi-judicial body because it has the power to summon witnesses and require the production of documents while conducting its inquiries. However, the tenure of its members is not fixed by the Constitution at six years; instead, the President determines the term of office for the chairman and members in the individual appointment orders.

70. (B) Both the Union and State Governments
The Comptroller and Auditor General is responsible for auditing the accounts of both the Union government and the State governments. This unified audit system ensures a consistent standard of financial accountability across the country. The CAG's reports on the Union accounts are submitted to the President, while the reports on state accounts are submitted to the respective Governors of those states.

71. (D) 2011
The 15th Finance Commission was specifically mandated to use the 2011 Census population data for its recommendations. This was a significant shift from previous commissions

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that primarily relied on the 1971 data to reward states for population control. To balance this, the 15th Commission introduced a “demographic performance” criterion to reward states that have achieved lower fertility rates over time.

72. (A) The SPSC Chairman is appointed by the Governor and removed by the President.
In the case of a State Public Service Commission, the Chairman and members are appointed by the Governor of the respective state. However, to ensure their independence, the power to remove them is vested solely in the President of India. This removal can only take place after an inquiry by the Supreme Court, providing a safeguard against arbitrary removal by the state executive.

73. (C) UPSC
The Union Public Service Commission is the central recruiting agency in India and is often referred to as the watchdog of the merit system. The President consults the commission on various aspects of civil service management, including recruitment, promotions, and disciplinary matters. This consultation ensures that the selection and career progression of civil servants are based on merit and professional standards.

74. (A) The CAG can sit in the Rajya Sabha and vote on financial bills.
The Comptroller and Auditor General is an independent constitutional authority and is not a member of either House of Parliament. Therefore, the CAG cannot participate in parliamentary proceedings or vote on any bills. The role is strictly limited to auditing the government’s financial transactions and reporting the findings to the legislature through the President or the respective State Governors.

75. (D) A commission consisting of a CEC and other Election Commissioners.
A multi-member Election Commission consists of the Chief Election Commissioner and a certain number of other Election Commissioners as fixed by the President. Currently, the commission is a three-member body. This structure promotes collective decision-making and ensures that the power to manage elections is not concentrated in a single individual, thereby enhancing the institutional credibility and fairness of the electoral process.

76. (B) The Governor
The Constitution does not specify the number of members for a State Public Service Commission. Instead, it leaves the determination of the commission’s strength and the service conditions of its members to the discretion of the Governor of the concerned state. This flexibility allows each state to structure its commission based on the specific administrative needs and the volume of recruitment required.

77. (C) Finance Commission — Article 280
Article 280 of the Constitution provides for the establishment of the Finance Commission. It is one of the most correctly identified articles alongside Article 324 for the Election Commission, Article 148 for the Comptroller and Auditor General, and Article 315 for the Public Service Commissions. These articles form the legal basis for the independence and functioning of these critical constitutional institutions.

78. (D) To disqualify a candidate for life from contesting elections.
The Election Commission has extensive powers to supervise elections, advise the President on the timing of polls, and cancel elections in cases of rigging. However, it does not have the power to disqualify a candidate for life. Disqualifications are governed by the Representation of the People Act and other laws, and any such significant legal penalties are typically determined by the judiciary.

79. (A) Both are correct.
The Comptroller and Auditor General submits three distinct audit reports to the President for the Union. These include the audit report on appropriation accounts, the audit report on finance accounts, and the audit report on public undertakings. These reports are essential for legislative oversight as they provide a detailed analysis of how government funds were utilized and whether the financial rules were followed.

80. (B) Charging its expenses on the Consolidated Fund of India.
The independence of the Union Public Service Commission is protected by charging its administrative expenses, including salaries and pensions, on the Consolidated Fund of India. This means these expenses are not subject to

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the annual vote of Parliament. This financial autonomy prevents the executive or legislature from using budgetary control to influence the commission's decisions regarding recruitment and disciplinary matters.

81. (B) 89th Amendment
The 89th Constitutional Amendment Act of 2003 bifurcated the National Commission for Scheduled Castes and Scheduled Tribes. It created two separate bodies: the National Commission for Scheduled Castes under Article 338 and the National Commission for Scheduled Tribes under Article 338A. This separation was intended to ensure that the specific needs and issues of each community receive dedicated attention and monitoring.

82. (A) It recommended a 1% special quota for Jammu, Kashmir, and Ladakh.
The 15th Finance Commission recommended a total devolution of forty-one percent to the states. It further suggested that one percent of the divisible pool be specifically allocated for the newly formed Union Territories of Jammu and Kashmir and Ladakh to meet their unique administrative and security needs. This adjustment ensured that the financial interests of these regions were adequately addressed.

83. (C) Lay the reasons for non-acceptance before the Parliament.
While the advice of the Union Public Service Commission is generally followed, it is not legally binding on the government. However, if the government decides not to accept the commission's advice, it must provide a formal explanation. The President must lay a memorandum before both Houses of Parliament detailing the reasons for such non-acceptance, ensuring a high degree of transparency and accountability.

84. (D) The Election Commission is responsible for elections to Municipalities.
The Election Commission of India is responsible for conducting elections to the Parliament, State Legislatures, and the offices of the President and Vice-President. It is not responsible for local body elections such as municipalities and panchayats. These local elections are conducted by the respective State Election Commissions, which are independent bodies established specifically for this purpose under the 73rd and 74th Amendments.

85. (C) The per capita income distance from the state with the highest per capita income.
Income distance is a key criterion used by the Finance Commission to ensure fiscal equalization. It is calculated as the difference between the per capita income of a state and that of the state with the highest per capita income. States with a larger income distance receive a higher share of taxes to help them bridge the developmental gap and provide essential public services.

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86. (B) CAG
The Comptroller and Auditor General of India is widely known as the watchdog of the public purse. This title reflects the CAG's constitutional responsibility to ensure that the government spends public money strictly in accordance with the law and legislative approvals. By auditing the accounts of the Union and the States, the CAG helps maintain financial transparency and prevents the misuse of resources.

87. (D) JSPSC — Reports to Governors of concerned states
A Joint State Public Service Commission submits its annual report to the Governors of each of the states it serves. Each Governor then ensures that the report is laid before the respective state legislature. This reporting structure mirrors that of the SPSC and ensures that the joint commission remains accountable to the people and the governments of the participating states.

88. (A) To provide reservation in private sector jobs for SCs.
The National Commission for Scheduled Castes is responsible for monitoring legal safeguards, investigating complaints of rights violations, and advising on socio-economic development. However, it does not have the power to mandate or provide reservations in private sector jobs. Policies regarding reservations are formulated by the government and are generally limited to public sector employment and educational institutions as per constitutional provisions.

89. (A) Both are correct.
To ensure independence, the Comptroller and Auditor General can only be removed from office in the same manner as a Supreme Court Judge. This requires a resolution by both Houses of Parliament on grounds of proved misbehavior or incapacity. Additionally, the CAG takes an oath before the President to uphold the Constitution, emphasizing the high level of responsibility attached to this office.

90. (A) From the date the election schedule is announced by the EC.
The Model Code of Conduct comes into force the moment the Election Commission of India announces the schedule for elections. This ensures that the government and political parties adhere to the code throughout the entire campaign period. It remains in effect until the completion of the election process, helping to maintain a level playing field for all candidates and political parties.

91. (B) Article 316
Article 316 of the Constitution deals with the appointment and term of office of the Chairman and other members of the Public Service Commissions. It specifies that these appointments are made by the President for the UPSC and by the Governor for the SPSC. The article also defines the tenure of these members and the conditions under which they may vacate their office.

92. (B) The Finance Commission is a temporary body constituted every 5 years.
Unlike the Election Commission, UPSC, and CAG, which are permanent bodies, the Finance Commission is a temporary constitutional body. It is constituted by the President every five years or earlier if necessary. Once it submits its final report and recommendations, the commission is dissolved. This periodic nature allows the commission to address the evolving fiscal needs and economic conditions of the country.

93. (C) The matter is decided by the Commission by majority.
Although the Chief Election Commissioner is the chairman of the commission, he does not have overriding powers. In case of a difference of opinion among the Chief Election Commissioner and the other Election Commissioners, the matter is decided by the commission through a majority vote. This ensures that decisions are made collectively and that the views of all commissioners are considered equally.

94. (D) The Finance Commission's administrative expenses are charged on the Consolidated Fund of India by the Constitution.
The administrative expenses of the UPSC and the CAG are explicitly charged on the Consolidated Fund of India by the Constitution. However, the Constitution does not contain a similar provision for the Finance Commission. Since the Finance Commission is a temporary body that is reconstituted every five years, its expenses are generally met through the regular budgetary allocations of the Union government.

95. (A) The portion of central taxes that is shared with the states.
The divisible pool refers to the collection of central taxes and duties that are shared between the Union and the States according to the recommendations of the Finance Commission. It includes major taxes like income tax, corporation tax, and GST, but excludes cesses and surcharges. The commission determines the percentage of this pool that should be distributed among the various state governments.

96. (B) The President of India
Although a Joint State Public Service Commission is created for two or more states, its Chairman and members are appointed by the President of India. This central appointment process ensures that the commission can function independently of the individual state governments it serves. It also maintains a standard of selection similar to that of the Union Public Service Commission at the regional level.

97. (B) Article 338A — National Commission for ST
Article 338A provides for the National Commission for Scheduled Tribes, a separate body created by the 89th Amendment Act. Article 338 relates to the National Commission for Scheduled Castes, and Article 338B relates to the National Commission for Backward Classes. These articles ensure that each community has a dedicated constitutional institution to protect its

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rights and oversee its developmental safeguards and welfare programs.

98. (A) The selection of a person for a post with a tenure of less than one year.
The government is not required to consult the Union Public Service Commission for appointments to posts with a tenure of less than one year. Such short-term or temporary appointments are excluded from the commission's purview to allow the executive some flexibility in urgent administrative situations. However, for most permanent and long-term recruitment to Group A and Group B services, consultation remains mandatory.

99. (A) Both are correct.
In India, the Comptroller and Auditor General primarily functions as an Auditor General rather than a Comptroller. Unlike in the United Kingdom, the Indian official has no authority over the actual withdrawal of money from the Consolidated Fund. The role is focused on auditing the expenditure after it has occurred to ensure that it complies with the law and established financial procedures.

100. (D) Election Commission of India
The Election Commission of India is the sole authority responsible for recognizing political parties as "State Parties" or "National Parties." This recognition is based on the party's performance in assembly or parliamentary elections within a specific state or across the country. Once recognized, a party is entitled to a reserved symbol and other benefits, such as free airtime on state-run media.

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CHAPTER 07
Governance and Public Policy

1. Which of the following best defines the concept of governance?
(A) The physical infrastructure and administrative assets used by the state.
(B) The processes of decision-making and implementation.
(C) The total count of elected representatives within a national legislature.
(D) The formal written constitution and legal framework of a nation-state.

2. Consider the following statements regarding the features of Good Governance:
1. It ensures that the voices of the most vulnerable in society are heard.
2. It requires the absolute elimination of all political parties.
3. It is based on the principle of the rule of law and transparency.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1 only

3. Which UNDP principle of good governance refers to the requirement that all men and women should have a voice in decision-making?
(A) Accountability
(B) Transparency
(C) Participation
(D) Responsiveness

4. Read the following statements regarding accountability in governance:
Statement I: Accountability is a key requirement of good governance.
Statement II: Accountability cannot be enforced without transparency and the rule of law.
Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

5. Given below are two statements, one labelled as Assertion (A) and the other labelled as Reason (R):
Assertion (A): Responsiveness is an essential feature of good governance.
Reason (R): It requires that institutions and processes try to serve all stakeholders within a reasonable timeframe.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Which of the following is an INCORRECT statement regarding the role of government in the education sector?
(A) The government is responsible for providing equitable access to basic education.
(B) The government should discourage private sector participation in higher education.
(C) The government sets the standards and regulatory frameworks for curriculum.
(D) The government implements schemes to reduce the dropout rate in schools.

7. In the context of the health sector, the "Responsiveness" of a government refers to:
(A) The speed at which administrative bodies approve salary hikes for doctors.
(B) The total number of professional medical degrees issued in a calendar year.
(C) The efficiency of the procurement process for administrative office supplies.
(D) Meeting the population's legitimate healthcare expectations.

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8. Match the Focus Area in List I with the corresponding Governance Aspect in List II:
List I: (Focus Area)
P. Poverty Alleviation
Q. Transparency
R. Education
S. Health
List II: (Governance Aspect)
1. RTI Act
2. Vaccination Programs
3. Mid-day Meal Scheme
4. MGNREGA
(A) P-4, Q-1, R-3, S-2
(B) P-1, Q-4, R-2, S-3
(C) P-3, Q-2, R-1, S-4
(D) P-2, Q-3, R-4, S-1

9. What is the primary characteristic of India as a "Welfare State"?
(A) It focuses exclusively on industrial growth at the expense of social security.
(B) It eliminates the need for any private enterprise in the economy.
(C) It protects and promotes the economic and social well-being of its citizens.
(D) It prioritizes capital accumulation over all forms of citizen welfare.

10. Which of the following is the most accurate definition of public policy?
(A) A system of laws, regulations, and funding for specific issues.
(B) A specific list of informal promises made by political candidates.
(C) The internal code of conduct for a non-profit foundation.
(D) The internal human resource manuals used by private corporate enterprises.

11. Given below are two statements, one labelled as Assertion (A) and the other labelled as Reason (R):
Assertion (A): Public policy formulation is an iterative and complex process.
Reason (R): It involves multiple stakeholders, including government officials, experts, and the public.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

12. Which of the following pairs is INCORRECTLY matched?
(A) Formulation of Policy — Identifying the problem and setting an agenda.
(B) Decentralization — Concentration of all decision-making power at the center.
(C) Implementation of Policy — Execution of the policy by administrative agencies.
(D) Evaluation of Policy — Assessing the impact and effectiveness of the policy.

13. Which of the following is NOT typically a challenge in the implementation of public policy?
(A) Lack of adequate financial resources.
(B) Absence of institutional coordination.
(C) Over-abundance of political will.
(D) Resistance from vested interest groups.

14. Consider the following statements regarding the distinction between Social Policy and Economic Policy:
1. Social policy focuses on human well-being and social protection.
2. Economic policy primarily deals with fiscal, monetary, and trade regulations.
3. Social policy is entirely independent of the economic health of a country.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 2 only

15. What was the primary reason for replacing the Five Year Plans with NITI Aayog?
(A) Promoting cooperative federalism over centralized planning.
(B) Shifting the development model from a bottom-up to a top-down approach.
(C) Significantly increasing the regulatory powers of the Planning Commission.
(D) Ensuring that state governments have no specific role in national progress.

16. Which of the following is a key characteristic of a Non-Governmental Organization (NGO)?
(A) It is a profit-driven entity managed by the

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state.
(B) It is a voluntary, non-profit, and self-governing organization.
(C) It is a statutory body created by an Act of Parliament.
(D) It is an organization where the head is appointed by the Chief Justice.

17. Read the following statements regarding NITI Aayog:
Statement I: NITI Aayog acts as the "Think Tank" of the Government of India.
Statement II: NITI Aayog has the power to allocate funds to State governments for Five Year Plans.
Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

18. Match the NGO Type in List I with the corresponding Description in List II:
List I: (NGO Type)
P. Local NGO
Q. National NGO
R. International NGO
S. Advocacy NGO
List II: (Description)
1. Operates across multiple countries.
2. Focuses on policy change and rights.
3. Operates within a specific neighborhood or town.
4. Operates throughout a single country.
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-1, Q-2, R-3, S-4
(D) P-2, Q-1, R-4, S-3

19. How do NGOs contribute to the health sector in India?
(A) By acting as the sole regulatory body for the national pharmaceutical industry.
(B) By intentionally increasing the cost of specialized medical procedures.
(C) Awareness creation and primary care delivery in remote regions.
(D) By making it mandatory for all citizens to utilize private medical clinics.

20. Arrange the following steps of the Public Policy process in a logical sequence:
1. Policy Implementation
2. Policy Formulation
3. Problem Identification
4. Policy Evaluation
(A) 3-2-1-4
(B) 1-2-3-4
(C) 3-1-2-4
(D) 2-3-1-4

21. Given below are two statements, one labelled as Assertion (A) and the other labelled as Reason (R):
Assertion (A): NGOs play a vital role in women empowerment in India.
Reason (R): They provide skill development training and legal aid to women in marginalized communities.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

22. Which of the following statements best describes the role of NGOs in disaster management?
(A) They are the exclusive bodies authorized to perform rescue operations.
(B) Supplementing government relief and rehabilitation efforts.
(C) They are legally responsible for declaring states of national emergency.
(D) They oversee the operational command of the military during disasters.

23. Which term refers to the "third sector" of society, distinct from the government and the private sector?
(A) Public Sector
(B) Corporate Sector
(C) Bureaucracy
(D) Civil Society

24. Consider the following statements regarding Civil Society and NGOs:
1. Every NGO is a part of civil society.

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2. Civil society includes trade unions, faith-based groups, and community groups.
3. Civil society is a subset of the government administration.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1 only

25. Given below are two statements, one labelled as Assertion (A) and the other labelled as Reason (R):
Assertion (A): The Right to Information (RTI) Act 2005 has empowered the Indian citizens.
Reason (R): It promotes transparency and accountability in the working of every public authority.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

26. What is the main definition of E-governance?
(A) Delivering government services via communication technology.
(B) The systematic use of physical files to store government records.
(C) Electing government officials through the use of manual ballot papers.
(D) The formal exclusion of modern technology from the judicial process.

27. Read the following statements regarding the Digital India initiative:
Statement I: Digital India is a flagship program to transform India into a digitally empowered society.
Statement II: Digital India aims to ensure that government services are available to citizens electronically.
Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

28. Match the Concept in List I with the corresponding Key Feature in List II:
List I: (Concept)
P. E-governance
Q. Citizen Charter
R. CSR
S. PPP
List II: (Key Feature)
1. Corporate Social Responsibility
2. Commitment to service standards
3. Digital delivery of services
4. Collaboration between State and Private sector
(A) P-3, Q-2, R-1, S-4
(B) P-1, Q-3, R-4, S-2
(C) P-2, Q-4, R-3, S-1
(D) P-4, Q-1, R-2, S-3

29. Which of the following is a primary significance of a Citizen's Charter?
(A) It grants the government the power to ignore citizen grievances.
(B) It acts as a legal contract that guarantees immediate financial compensation.
(C) It makes the administration more accountable and citizen-friendly.
(D) It replaces the need for any public policy in a department.

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30. How does decentralization impact governance?
(A) It centralizes all powers in the hands of the Prime Minister.
(B) It makes the decision-making process slower and less efficient.
(C) It eliminates the need for the RTI Act at the district level.
(D) It empowers local bodies and encourages grassroots participation.

31. Given below are two statements, one labelled as Assertion (A) and the other labelled as Reason (R):
Assertion (A): Corporate Social Responsibility (CSR) is mandatory for certain companies in India.
Reason (R): CSR allows companies to contribute to social and environmental development.
(A) Both A and R are true and R is the correct explanation of A.

(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

32. What is the fundamental concept of Public-Private Partnership (PPP)?
(A) The complete and permanent sale of all government assets to corporations.
(B) Long-term public-private contracts for assets or services.
(C) The state taking over the management of all successful private start-ups.
(D) A system where private companies pay taxes without infrastructure roles.

33. In the context of NITI Aayog, who is the ex-officio Chairperson?
(A) The President of India
(B) The Prime Minister of India
(C) The Vice-President of India
(D) The Union Finance Minister

34. Consider the following statements regarding the RTI Act 2005:
1. It applies to all Public Authorities.
2. Certain intelligence and security organizations are exempted from the Act.
3. A citizen must provide a reason for seeking information.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 3 only

35. Which of the following is an INCORRECT pair?
(A) NITI Aayog — Cooperative Federalism
(B) Digital India — E-governance
(C) NGOs — Profit-making institutions
(D) Welfare State — Social Security

36. The "Rule of Law" in good governance implies that:
(A) Laws are applied arbitrarily based on the status of the individual.
(B) The government can change laws daily without notification.
(C) Only the executive branch is subject to the law.
(D) Legal frameworks are fair and enforced impartially.

37. Read the following statements regarding the administration of NITI Aayog:
Statement I: The NITI Aayog's Governing Council includes Chief Ministers of all States.
Statement II: NITI Aayog was established on January 1, 2015.
Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

38. Match the Term in List I with the corresponding Focus in List II:
List I: (Term)
P. Social Policy
Q. Economic Policy
R. Governance
S. Civil Society
List II: (Focus)
1. GDP growth and Inflation
2. Human development and Equity
3. Voluntary associations and NGOs
4. Process of exercising authority
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

39. Which of the following is an example of an NGO's role in education?
(A) Formulating the National Education Policy.
(B) Conducting the Union Public Service Commission exams.
(C) Appointing the Vice-Chancellors of State Universities.
(D) Running bridge courses for out-of-school children.

40. Which of the following is NOT a feature of E-governance?
(A) Reduced transparency
(B) Increased efficiency
(C) Cost reduction
(D) Improved service delivery

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41. Given below are two statements, one labelled as Assertion (A) and the other labelled as Reason (R):
Assertion (A): The Five Year Plans were a feature of the centralized planning era in India.
Reason (R): The Planning Commission was replaced to accommodate a more bottom-up approach.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

42. Which of the following is the most appropriate reason for the government's role in poverty alleviation?
(A) To ensure social justice and reduce economic inequality.
(B) To increase the tax burden on the poor.
(C) To eliminate the need for any private sector involvement.
(D) To reduce the total population of the country.

43. What is the primary difference between a Civil Society Organization (CSO) and the Government?
(A) CSOs have the power to collect taxes, while the government does not.
(B) The government is a for-profit commercial entity, while CSOs are statutory branches of the state.
(C) CSOs are constitutional bodies, while the government is a voluntary association.
(D) CSOs are voluntary and non-state, while the government is the state apparatus.

44. Consider the following statements regarding Public-Private Partnership (PPP):
1. PPPs are used primarily for infrastructure development.
2. The private sector shares the risks and rewards of the project.
3. The government completely loses ownership of the project forever.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 3 only

45. Which of the following is an INCORRECT statement about CSR in India?
(A) It is governed by the Companies Act, 2013.
(B) It encourages companies to spend a portion of their profits on social causes.
(C) It applies only to government-owned public sector undertakings.
(D) Education and health are popular areas for CSR activities.

46. Which of the following best describes "Participation" as a principle of good governance?
(A) Only high-level government officials taking part in voting processes.
(B) Mandatory and forced attendance of citizens at political rallies.
(C) Restricting all decision-making to a select group of academic experts.
(D) Offering citizens input opportunities in the policy process.

47. Read the following statements regarding the Citizen's Charter:
Statement I: The Citizen's Charter is legally enforceable in a court of law.
Statement II: The Citizen's Charter aims to improve the quality of public services.
Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

48. Match the Agency in List I with the corresponding Role in Governance in List II:
List I: (Agency)
P. NITI Aayog
Q. NGO
R. Gram Panchayat
S. Private Corporation
List II: (Role in Governance)
1. Local Self-Governance
2. Think Tank for Policy
3. CSR Activities

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4. Voluntary Social Work

(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

49. Which of the following is a negative consequence of poor governance?
(A) Sustaining high levels of institutional transparency.
(B) Erosion of public trust in institutional bodies.
(C) Achieving consistent and efficient service delivery.
(D) Maintaining a robust and impartial rule of law.

50. Arrange the evolution of the planning framework in India in chronological order:
1. Establishment of NITI Aayog
2. Launch of the First Five Year Plan
3. Implementation of the RTI Act

(A) 2-3-1
(B) 1-2-3
(C) 3-2-1
(D) 2-1-3

51. What is the nature of "Public Policy" in a modern democracy?
(A) A static set of rules that never undergoes any changes.
(B) Frameworks formulated exclusively by the judicial branch.
(C) Goal-oriented actions intended to solve public problems.
(D) Secret documents that are not available to the general public.

52. In a "Welfare State," which of the following is a primary duty of the government?
(A) Maximizing the profit margins of private corporate monopolies.
(B) Abolishing all forms of direct and indirect national taxation.
(C) Restricting access to education to the wealthy elite classes.
(D) Providing social safety nets for vulnerable groups.

53. Which of the following is NOT a type of NGO based on its level of operation?
(A) Local NGO
(B) National NGO
(C) Executive NGO
(D) International NGO

54. The term "Civil Society" excludes which of the following?
(A) Non-Governmental Organizations
(B) Government Departments
(C) Professional Associations
(D) Community Groups

55. Which of the following is a competency-based benefit of E-governance?
(A) It increases the physical distance between the citizen and the government.
(B) It makes the government less accountable to the public.
(C) It requires citizens to use manual typewriter technology.
(D) It enables real-time tracking of applications and grievances.

56. Which of the following is a key feature of the "Digital India" initiative?
(A) Providing universal connectivity and high-speed internet.
(B) Promoting paper-based documentation for all public services.
(C) Formally discouraging the use of digital payment systems.
(D) Closing down all village-level common service centers.

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57. Read the following statements regarding decentralization:
Statement I: Decentralization helps in tailoring policies to local needs.
Statement II: Decentralization is the opposite of democratic governance.
Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

58. Which of the following is an example of a "Social Policy"?
(A) National Health Mission.
(B) Regulation of the stock market.
(C) Setting the Repo Rate by the RBI.
(D) Foreign Direct Investment (FDI) norms.

59. What is the role of the government in "Poverty Alleviation"?
(A) Promoting high inflation to reduce the overall value of debt.
(B) Preventing the poor from accessing essential public education.
(C) Artificially increasing the cost of basic food grains for all.
(D) Creating employment and income generation opportunities.

60. Which of the following is a "Negative" or exception-based feature of RTI?
(A) Information must be provided within 30 days.
(B) Information related to national security can be withheld.
(C) Information can be requested by any citizen.
(D) Public authorities must proactively disclose information.

61. "Transparency" in governance is best achieved through:
(A) Keeping all cabinet decisions confidential for 50 years.
(B) Reducing the number of public hearings.
(C) Proactive disclosure of information on public portals.
(D) Increasing the layers of bureaucracy.

62. Which of the following is a correct pair?
(A) NGO — National Government Office
(B) RTI — Right to Internet
(C) CSR — Civil Society Reform
(D) PPP — Public Private Partnership

63. The concept of "Good Governance" was popularized in the late 1980s by which institution?
(A) World Bank
(B) International Labor Organization
(C) World Health Organization
(D) Amnesty International

64. Which of the following is NOT a challenge in public policy formulation?
(A) Conflicting interests of different groups.
(B) Availability of perfect and complete data.
(C) Technical complexity of the issues.
(D) Political pressures and electoral cycles.

65. Which of the following is a function of NITI Aayog?
(A) Imposing fines on state governments for slow growth.
(B) Designing strategic and long-term policy and program frameworks.
(C) Handling the day-to-day administration of Union Territories.
(D) Conducting the national census.

66. What is the primary focus of an "International NGO"?
(A) Issues like climate change that transcend boundaries.
(B) Managing sanitation systems in a specific rural Indian village.
(C) Collecting taxes on behalf of the United Nations organization.
(D) Running as candidates for elections in various sovereign nations.

67. Read the following statements regarding the scope of governance:
Statement I: Governance is broader than government as it includes non-state actors.
Statement II: Civil society plays no role in the governance process.
Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

68. Which of the following is a "Best Answer" for the role of NGOs in disaster management?
(A) Primary responsibility for the deployment of national defense forces.
(B) Serving as primary agencies for declaring official disasters.
(C) Drafting the formal text of the National

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Disaster Management Act.
(D) Providing last-mile relief and psychological support.

69. Which of the following is an INCORRECT statement about the relationship between Civil Society and Government?
(A) They can work in partnership for social development.
(B) Civil society can act as a watchdog over government actions.
(C) Civil society must be an extension of the government's administrative wing.
(D) They may sometimes have a confrontational relationship on policy issues.

70. "Equity and Inclusiveness" as a feature of good governance means:
(A) Only the majority community should benefit from policies.
(B) All members of society feel they have a stake in it.
(C) Wealth should be concentrated in the hands of a few.
(D) Governance should ignore the needs of the marginalized.

71. Which of the following is a significance of e-governance in a developing country like India?
(A) Eliminating the operational need for physical government offices.
(B) Ensuring that only English-speaking citizens can access services.
(C) Removing the legal necessity for the legislative branch of power.
(D) Bridging gaps between government and rural citizens.

72. What is the primary distinction between an NGO and Civil Society?
(A) NGOs are structured; civil society includes informal groups.
(B) NGOs are for-profit entities, while civil society is non-profit.
(C) NGOs are statutory government bodies, while civil society is the corporate sector.
(D) NGOs are always international, whereas civil society is always local.

73. Which of the following is a competency-based example of PPP?
(A) The government hiring a private security guard for a local public park.
(B) A citizen paying an illegal bribe to a private construction contractor.
(C) Private company building and operating a highway under contract.
(D) A state transferring total legal sovereignty of a territory to a private entity.

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74. Which of the following is NOT typically included in a Citizen's Charter?
(A) Confidential performance reports of individual employees.
(B) Official Vision and Mission statements of the department.
(C) Specific details regarding the daily business hours.
(D) Formal mechanisms for the redressal of public grievances.

75. Decentralization is often linked to:
(A) The abolition of the Rajya Sabha.
(B) The suspension of Fundamental Rights.
(C) The centralization of the police force.
(D) 73rd and 74th Constitutional Amendment Acts.

76. In the context of public policy, "Implementation Challenges" often include:
(A) The presence of excessive transparency in the process.
(B) Lack of skilled manpower at the grassroots level.
(C) Consistently high levels of documented public satisfaction.
(D) The absolute absence of any governing laws in the country.

77. Which of the following is a feature of "India as a Welfare State"?
(A) Complete absence of private property.
(B) The absence of a health policy.
(C) Directive Principles of State Policy (DPSP).
(D) Military rule in all states.

78. Read the following statements regarding the RTI Act:
Statement I: The RTI Act allows for the appointment of Information Commissioners.
Statement II: Information Commissioners are appointed by the President or Governor.

42. (A) To ensure social justice and reduce economic inequality.
The government's involvement in poverty alleviation is essential for maintaining social stability and ensuring social justice. By implementing targeted schemes, the state aims to reduce economic inequality and provide opportunities for the underprivileged to improve their standard of living. These efforts are part of a broader commitment to inclusive growth, ensuring that development benefits reach all sections of society.

43. (D) CSOs are voluntary and non-state, while the government is the state apparatus.
Civil Society Organizations are voluntary, non-state entities formed by citizens to pursue common interests or social goals. In contrast, the government constitutes the formal state apparatus with the authority to legislate, tax, and enforce laws. While they often collaborate on development projects, CSOs operate independently of the state's official administrative hierarchy, providing a vital check on government power and actions.

44. (A) 1 and 2 only
Public-Private Partnerships are widely used for infrastructure development, allowing the state to leverage private sector capital and technical expertise. In these arrangements, both the public and private sectors share the financial risks and rewards of the project. Importantly, the government usually retains ultimate ownership or oversight of the asset, ensuring it continues to serve the public interest over time.

45. (C) It applies only to government-owned public sector undertakings.
Corporate Social Responsibility in India is regulated by the Companies Act of 2013 and applies to both private companies and public sector undertakings that meet certain financial thresholds. It mandates that these entities invest a portion of their profits in social development areas like education and health. This policy ensures that the corporate sector contributes meaningfully to the nation's socio-economic progress.

46. (D) Offering citizens input opportunities in the policy process.
Participation in good governance involves creating opportunities for citizens to provide meaningful input throughout the policy-making and implementation process. This ensures that government decisions reflect the needs and preferences of the community. Beyond just voting, it includes public consultations, hearings, and active engagement with civil society groups, fostering a more transparent and democratic relationship between the state and the people.

47. (D) Statement I is incorrect but Statement II is correct.
A Citizen's Charter is an administrative tool designed to improve the quality and transparency of public services by setting clear standards. While it serves as a powerful instrument for accountability and service improvement, it is not legally enforceable in a court of law. Instead, it functions as a voluntary commitment by government departments to uphold specific levels of performance and citizen satisfaction.

48. (A) P-2, Q-4, R-1, S-3
Various agencies perform specific roles in the governance ecosystem. NITI Aayog functions as a strategic think tank for policy formulation, while Gram Panchayats handle local self-governance at the village level. NGOs are dedicated to voluntary social work and community service. Private corporations contribute to social development through CSR activities, illustrating how different sectors collaborate to achieve national developmental goals.

49. (B) Erosion of public trust in institutional bodies.
Poor governance often leads to the erosion of public trust in government institutions due to corruption, inefficiency, and a lack of transparency. When administrative processes fail to be fair or responsive, citizens become disillusioned with the state apparatus. This breakdown in trust can hinder social cohesion and make it difficult for the government to implement necessary policies or maintain a stable legal environment.

50. (A) 2-3-1
India's planning and governance framework has evolved significantly over time. This

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correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

89. Which of the following is a "Matching Pair" related to E-governance?
(A) G2B — Government to Bureaucracy
(B) C2G — Corporate to Government
(C) G2C — Government to Citizen
(D) G2E — Government to Environment

90. The concept of "Decentralization" involves:
(A) Transfer of authority from central to local government.
(B) Relocating the national capital to a different major city.
(C) Significantly reducing the total number of states in a country.
(D) Increasing the authority of the central government bureaucracy.

91. Which of the following is an objective of the "Digital India" program?
(A) Reducing the use of internet in schools.
(B) Increasing the use of cash transactions.
(C) Eliminating the need for the RTI Act.
(D) Digital empowerment of citizens.

92. Which of the following is a role of NGOs in "Women Empowerment"?
(A) Enacting laws in the parliament.
(B) Providing Self-Help Group (SHG) training.
(C) Appointing judges to the High Court.
(D) Formulating the state budget.

93. What does "Responsiveness" imply in the UNDP principles?
(A) Responding only to the needs of the ruling party.
(B) The speed of the internet in government offices.
(C) Serving all stakeholders within a reasonable timeframe.
(D) Responding to international pressure only.

94. Which of the following is an INCORRECT statement about Public-Private Partnerships?
(A) They help in bringing private investment into public projects.
(B) They help in leveraging private sector expertise.
(C) They are common in sectors like transport and power.
(D) They involve the permanent transfer of sovereign land ownership to the private partner.

95. In the context of governance, "Rule of Law" means:
(A) The law is the same for everyone.
(B) The ruler is above the law.
(C) Laws are changed every day.
(D) Only citizens have to follow the law, not the government.

96. Which of the following is a feature of the "Welfare State"?
(A) Neglect of the health sector.
(B) Promotion of social equality.
(C) Focus on purely capitalistic growth.
(D) Abolishing all public services.

97. Which of the following is a fact about NITI Aayog?
(A) It was created by a Constitutional Amendment.
(B) It replaced the Planning Commission.
(C) Its headquarters is in Mumbai.
(D) It has a fixed tenure of 10 years.

98. Which of the following is a challenge in "Public Policy Implementation"?
(A) Political interference in administrative tasks.
(B) High levels of cooperation between state departments.
(C) An excessive availability of public development funds.
(D) A very simple and straightforward policy to implement.

99. Which of the following is an example of an "International NGO"?
(A) A local youth club.
(B) A state-run hospital.
(C) Amnesty International.
(D) A city-level trade union.

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100. Which of the following is the most accurate description of "Governance"?

(A) The traditional act of ruling by a sovereign hereditary monarch.

(B) The cyclical process of conducting general elections every five years.

(C) The physical buildings used to house central government office spaces.

(D) Exercising power to manage economic and social resources.

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ANSWERS

1. (B) The processes of decision-making and implementation.
Governance represents the structured framework through which authority is exercised and managed within a society. It fundamentally involves the collective processes of formulating decisions and ensuring their effective execution by relevant institutions. While government refers to a specific administrative body, governance emphasizes the quality of interaction between the state, private sector, and civil society participants.

2. (C) 1 and 3 only
Good governance is founded on inclusivity and the impartial application of legal frameworks. It prioritizes the welfare of vulnerable populations by ensuring their perspectives are heard in public discourse. Simultaneously, it upholds the rule of law and transparency as essential pillars. The existence of multiple political parties is a requirement for democratic health rather than a hindrance.

3. (C) Participation
Participation is a cornerstone of good governance that empowers all citizens to have a legitimate voice in decision-making processes. This involvement can be direct or occur through legitimate intermediate institutions representing various interests. It ensures that the needs of both men and women are integrated into the development agenda, fostering greater accountability and societal ownership of policies.

4. (A) Both Statement I and Statement II are correct.
Accountability is a fundamental pillar of good governance, requiring public officials to be answerable for their actions. This mechanism cannot function in isolation; it relies heavily on transparency to provide information and the rule of law to enforce standards. Together, these elements create a system where power is exercised responsibly and administrative failures are subject to correction.

5. (A) Both A and R are true and R is the correct explanation of A.
Responsiveness is vital in governance because it ensures that public institutions remain sensitive to the needs of the people. This principle dictates that all administrative processes and services must be delivered to stakeholders within a reasonable and defined timeframe. By serving the public efficiently, the government builds trust and ensures that social and economic resources are utilized effectively.

6. (B) The government should discourage private sector participation in higher education.
In the education sector, the state is responsible for establishing regulatory frameworks, setting curriculum standards, and ensuring equitable access. Far from discouraging private involvement, modern governance models often encourage private sector participation to expand capacity and innovation. The primary goal remains reducing dropout rates and improving quality through a mix of public oversight and collaborative institutional efforts across levels.

7. (D) Meeting the population's legitimate healthcare expectations.
Responsiveness in the health sector measures how well the system meets the legitimate expectations of the population regarding non-clinical aspects of care. This includes respecting the dignity of patients, ensuring confidentiality, and providing timely access to services. It reflects the government's ability to adapt its health policies and delivery mechanisms to satisfy the evolving needs of its citizens.

8. (A) P-4, Q-1, R-3, S-2
Governance aspects are implemented through specific programs and legal frameworks that address social needs. Poverty alleviation is tackled via schemes like MGNREGA, while transparency is promoted through the Right to Information Act. Education is supported by initiatives such as the Mid-day Meal Scheme, and healthcare objectives are achieved through widespread

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Which of the following is correct?
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

79. Which of the following is an example of an "Economic Policy"?
(A) Fiscal deficit targets.
(B) Literacy campaigns.
(C) Vaccination drives.
(D) Women's safety laws.

80. What is the primary role of NGOs in the health sector?
(A) Acting as the primary legislative body for health laws.
(B) Providing subsidized or free healthcare to the poor.
(C) Regulating the market prices of all medicines globally.
(D) Issuing official medical licenses to practicing doctors.

81. Which of the following is NOT an UNDP principle of good governance?
(A) Rule of Law
(B) Authoritarianism
(C) Efficiency and Effectiveness
(D) Consensus Orientation

82. "Accountability" in governance means:
(A) Public officials must answer for their decisions and actions.
(B) The government is not responsible to anyone for its actions.
(C) Only the private sector is responsible for its mistakes.
(D) Accountability is only required during election years.

83. Which of the following is a correct statement regarding "NITI Aayog"?
(A) It follows a top-down planning approach.
(B) It is a constitutional body.
(C) It promotes "Cooperative Federalism".
(D) It has the power to allocate funds to ministries.

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84. The "Role of Government in Education" includes which of the following?
(A) Privatizing every primary school within the national borders.
(B) Systematically discouraging women from attending universities.
(C) Stopping all public funding for advanced scientific research.
(D) Providing Right to Education as a fundamental right.

85. Which of the following is an example of "Corporate Social Responsibility"?
(A) A company paying its mandatory corporate tax.
(B) A company hiring a lawyer to fight a government regulation.
(C) A company building a school in a rural area where it operates.
(D) A company firing employees to increase profits.

86. Which of the following best describes the "nature" of public policy?
(A) A purely positive action that never includes no-action decisions.
(B) Can be positive (action) or negative (no-action).
(C) A framework concerned only with the welfare of state employees.
(D) An informal verbal agreement made between competing politicians.

87. Which of the following is a challenge in the "Social Sector" of India?
(A) Too much focus on healthcare.
(B) Excessive number of schools in every village.
(C) Low levels of poverty.
(D) High levels of gender inequality.

88. Read the following statements regarding civil society:
Statement I: Civil society helps in mobilizing public opinion.
Statement II: Civil society is a part of the legislative wing of government.
Which of the following is correct?
(A) Both Statement I and Statement II are

17. (C) Statement I is correct but Statement II is incorrect.
NITI Aayog serves as the premier policy think tank of the Government of India, providing strategic and technical advice on various development issues. Unlike its predecessor, the Planning Commission, NITI Aayog does not possess the authority to allocate financial resources or funds to state governments. Its primary role is to foster innovation and encourage collaborative planning among diverse national stakeholders.

18. (A) P-3, Q-4, R-1, S-2
NGOs are categorized based on their operational scope and focus. Local NGOs serve specific towns or neighborhoods, while national NGOs operate across an entire country. International NGOs manage projects across multiple nations to address global issues. Advocacy NGOs focus specifically on influencing policy changes and defending rights, demonstrating the diversity of roles civil society plays in the modern world.

19. (C) Awareness creation and primary care delivery in remote regions.
NGOs significantly contribute to the health sector by conducting awareness campaigns and delivering primary healthcare services, especially in underserved or remote areas. They act as intermediaries that bridge the gap between government programs and the rural population. Through their grassroots presence, they facilitate health education, maternal care, and disease prevention initiatives, improving the overall well-being of marginalized communities.

20. (A) 3-2-1-4
The public policy process follows a logical sequence beginning with problem identification to define the issue at hand. This is followed by policy formulation, where potential solutions and strategies are designed. Once a policy is chosen, it enters the implementation phase for execution by administrative bodies. Finally, policy evaluation is conducted to measure the impact and determine necessary adjustments.

21. (A) Both A and R are true and R is the correct explanation of A.
NGOs are instrumental in women's empowerment across India by addressing the unique challenges faced by marginalized communities. By providing essential skill development training and legal aid, they enable women to achieve economic independence and defend their rights. These targeted interventions help dismantle social barriers and foster an environment where women can participate actively in social and economic life.

22. (B) Supplementing government relief and rehabilitation efforts.
During disasters, NGOs play a vital supportive role by complementing the government's formal relief and rehabilitation programs. While the state handles large-scale operations and emergency declarations, NGOs provide agility in distributing aid, offering psychological support, and reaching remote victims. Their ability to mobilize local resources quickly makes them indispensable partners in managing the immediate and long-term aftermath of crises.

23. (D) Civil Society
Civil society is often referred to as the third sector, representing the space between the individual, the state, and the market. It includes various voluntary organizations, community groups, and associations where people organize to pursue shared interests. This sector acts as a vital link in governance, ensuring that the voices of citizens are heard and that public institutions remain accountable.

24. (A) 1 and 2 only
Civil society is a broad umbrella that encompasses various non-state entities, including NGOs, trade unions, and community-based organizations. While all NGOs are a part of civil society, the sector is not a subset of government administration. Instead, it operates independently to influence policy and promote social welfare, representing a diverse range of public interests outside the formal state apparatus.

25. (A) Both A and R are true and R is the correct explanation of A.
The Right to Information Act of 2005 has significantly empowered citizens by providing them with a legal tool to access information held by public authorities. By mandating proactive disclosure and responsiveness, the Act promotes transparency and accountability in government operations. This shift helps curb corruption

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and ensures that the administration remains answerable to the people it is meant to serve.

26. (A) Delivering government services via communication technology.
E-governance involves the strategic application of information and communication technology to deliver government services more efficiently. It aims to streamline administrative processes, enhance transparency, and improve the interaction between the state and its citizens. By moving services online, the government can reduce bureaucratic delays and ensure that public resources and information are more accessible to the population at large.

27. (A) Both Statement I and Statement II are correct.
The Digital India initiative is a comprehensive program designed to transform the nation into a digitally empowered society and knowledge economy. It focuses on making government services available to citizens electronically, thereby increasing efficiency and reducing physical paperwork. By strengthening digital infrastructure and literacy, the program aims to bridge the digital divide and foster inclusive growth across all societal sectors.

28. (A) P-3, Q-2, R-1, S-4
Modern governance utilizes various concepts to improve service delivery and development. E-governance focuses on the digital delivery of public services, while Citizen Charters outline commitments to specific service standards. Corporate Social Responsibility involves private companies contributing to social development. Public-Private Partnerships represent formal collaborations between the state and the private sector to develop infrastructure and provide essential services.

29. (C) It makes the administration more accountable and citizen-friendly.
A Citizen's Charter is a document that outlines the commitment of a public organization toward its clients regarding service standards and quality. Its primary significance lies in making the administration more transparent, accountable, and responsive to citizen needs. By clearly defining expectations and grievance redressal mechanisms, it empowers the public to demand better performance and fosters a more user-friendly environment.

30. (D) It empowers local bodies and encourages grassroots participation.
Decentralization strengthens democratic governance by transferring authority and resources from central departments to local bodies. This process encourages grassroots participation, allowing communities to have a direct say in the policies that affect their daily lives. By tailoring decisions to local contexts, decentralization improves the efficiency of service delivery and ensures that development is more inclusive and responsive to regional needs.

31. (B) Both A and R are true but R is not the correct explanation of A.
In India, Corporate Social Responsibility is a mandatory requirement for specific companies under the Companies Act. This policy ensures that businesses contribute to social and environmental development by dedicating a portion of their profits to community welfare. While the mandate and the contribution are both true, the reason for the legal requirement is to ensure structured corporate participation in national development.

32. (B) Long-term public-private contracts for assets or services.
Public-Private Partnerships involve long-term contractual agreements between a government agency and a private entity for the delivery of assets or services. These collaborations allow the public sector to benefit from private expertise and investment while sharing the associated risks. Unlike a total sale of assets, PPPs maintain a significant role for the state in monitoring performance and protecting public interests.

33. (B) The Prime Minister of India
The Prime Minister of India serves as the ex-officio Chairperson of NITI Aayog, providing high-level leadership and strategic direction to the organization. This structural arrangement ensures that the nation's premier policy think tank operates in close alignment with the government's developmental priorities. The Chairperson oversees the Governing Council, which includes Chief Ministers and Lieutenants

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Governors, facilitating a unified approach to national planning.

34. (A) 1 and 2 only
The RTI Act is a broad law applying to all public authorities to ensure transparency in governance. However, it provides specific exemptions for certain intelligence and security organizations to protect national interests. Importantly, citizens are not required to provide a reason for seeking information, which simplifies the process and reinforces the right to know as a fundamental democratic principle.

35. (C) NGOs — Profit-making institutions
Governance models rely on distinct institutional roles. NITI Aayog promotes cooperative federalism, while Digital India focuses on e-governance to improve services. The welfare state provides social security to its citizens. In contrast, NGOs are characterized by their non-profit nature; they are voluntary organizations dedicated to social or humanitarian causes rather than generating financial profit for owners or shareholders.

36. (D) Legal frameworks are fair and enforced impartially.
The rule of law is a core principle of good governance requiring that legal frameworks be fair and applied consistently to all individuals and entities. It ensures that no person or government body is above the law and that judicial processes are independent and impartial. This framework provides a predictable environment where rights are protected and administrative power is exercised within legal limits.

37. (A) Both Statement I and Statement II are correct.
NITI Aayog was established on January 1, 2015, replacing the former Planning Commission to modernize national planning. Its Governing Council is a key feature, comprising the Chief Ministers of all states and the Lieutenant Governors of Union Territories. This inclusive structure promotes cooperative federalism, allowing regional leaders to participate directly in shaping the country's strategic development and policy priorities.

38. (A) P-2, Q-1, R-4, S-3
Different policy areas focus on specific development goals. Social policy prioritizes human development and equity, while economic policy manages GDP growth and inflation. Governance refers to the overall process of exercising authority to manage resources. Civil society encompasses the voluntary associations and NGOs that operate outside the state and market to influence public life and provide social services.

39. (D) Running bridge courses for out-of-school children.
NGOs play a supportive role in the education sector by addressing specific gaps that formal government systems might miss. Running bridge courses for out-of-school children is a prime example, as it helps marginalized students transition back into the mainstream education system. These targeted interventions focus on local needs and provide flexible learning environments that supplement the broader national educational framework.

40. (A) Reduced transparency
E-governance is characterized by increased efficiency, cost reduction, and improved service delivery through the use of digital tools. By automating processes and providing online access to records, it significantly enhances transparency rather than reducing it. The digital nature of these interactions allows for better tracking of public transactions and minimizes the opportunities for corruption within various government departments and agencies.

41. (A) Both A and R are true and R is the correct explanation of A.
For several decades, India's development was guided by Five Year Plans managed by a centralized Planning Commission. This model was eventually replaced by NITI Aayog to foster a more bottom-up approach and accommodate the diverse needs of different states. By shifting away from top-down directives, the government aimed to encourage state-led growth and more effective collaboration in national planning.

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vaccination programs aimed at improving public wellness.

9. (C) It protects and promotes the economic and social well-being of its citizens.
A welfare state is characterized by the government's active role in protecting and promoting the social and economic well-being of its population. This involves creating safety nets, ensuring access to essential services like health and education, and reducing inequalities. The primary objective is to achieve social justice by providing support to vulnerable groups and fostering inclusive national growth.

10. (A) A system of laws, regulations, and funding for specific issues.
Public policy is a purposeful and goal-oriented course of action followed by government actors to address public concerns. It is expressed through a formal system of laws, regulatory measures, and the allocation of funding to specific sectors. This framework serves as a guide for administrative decisions and ensures that the state's resources are directed toward achieving societal objectives.

11. (A) Both A and R are true and R is the correct explanation of A.
Public policy formulation is a complex, iterative process because it must reconcile the diverse interests of various stakeholders. This involves active participation from government officials, subject matter experts, and the general public to ensure policies are well-informed. The interaction between these groups helps in identifying problems accurately and designing solutions that are both technically feasible and socially acceptable.

12. (B) Decentralization — Concentration of all decision-making power at the center.
Policy formulation involves identifying problems and setting an agenda, while implementation refers to the execution of those policies by administrative agencies. Evaluation assesses the final impact and effectiveness of the measures taken. In contrast, decentralization involves the distribution of authority away from a central core to local levels, rather than the concentration of power at the top.

13. (C) Over-abundance of political will.
Implementing public policy often faces hurdles such as insufficient financial resources, lack of coordination between different government departments, and resistance from groups with vested interests. While these factors hinder progress, a strong presence of political will is actually a facilitator of successful policy execution. Effective governance requires balancing these challenges to ensure that planned programs reach their intended beneficiaries.

14. (A) 1 and 2 only
Social policy focuses on enhancing human well-being and providing social protection to citizens, while economic policy manages fiscal, monetary, and trade regulations. Although they have different primary focuses, they are deeply interconnected. The success of social policies often depends on the economic health and financial resources of the nation, making them mutually dependent rather than entirely independent.

15. (A) Promoting cooperative federalism over centralized planning.
The transition from the Planning Commission to NITI Aayog marked a shift toward cooperative federalism and a bottom-up approach to development. By involving state governments in the national policy-making process, the new framework ensures that local needs and perspectives are integrated into the broader growth strategy. This collaborative model aims to empower states to drive their own development agendas.

16. (B) It is a voluntary, non-profit, and self-governing organization.
Non-governmental organizations are voluntary entities that operate independently of the state and are not driven by profit motives. They are self-governing and typically focus on social, environmental, or humanitarian causes. These organizations play a crucial role in civil society by advocating for change, delivering services, and representing the interests of various communities in the governance process.

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journey began with the launch of the First Five Year Plan in 1951 to guide economic growth. Decades later, the implementation of the Right to Information Act in 2005 enhanced administrative transparency. Finally, the establishment of NITI Aayog in 2015 replaced the centralized planning model with a collaborative federal approach.

51. (C) Goal-oriented actions intended to solve public problems.
Public policy in a modern democracy consists of goal-oriented actions designed by the government to address specific societal problems. It is a dynamic process that adapts to changing circumstances and public needs. These policies provide a framework for administrative action and resource allocation, ensuring that the state remains focused on achieving outcomes that benefit the public and promote the common good.

52. (D) Providing social safety nets for vulnerable groups.
In a welfare state, the government has a primary duty to provide social safety nets that protect vulnerable groups from economic and social hardships. This includes ensuring access to essential services like healthcare, education, and unemployment benefits. By prioritizing social security, the state aims to reduce poverty and inequality, fostering a more equitable society where all citizens have basic protections.

53. (C) Executive NGO
NGOs are commonly classified by their operational levels to reflect the scope of their activities. Local NGOs focus on specific communities or towns, while national NGOs operate across an entire country. International NGOs manage programs spanning multiple nations to address global challenges. The term “executive NGO” is not a standard classification based on the geographical or administrative level of operation.

54. (B) Government Departments
Civil society encompasses a diverse range of non-state actors, including NGOs, professional associations, community groups, and trade unions. These organizations operate independently of the state and the market to advocate for public interests and provide social services. Government departments are excluded from this definition because they represent the formal administrative and legislative branches of the state apparatus rather than voluntary associations.

55. (D) It enables real-time tracking of applications and grievances.
One of the primary benefits of e-governance is the ability to enable real-time tracking of applications and public grievances. Digital platforms allow citizens to monitor the status of their requests without visiting government offices in person. This transparency reduces administrative delays, improves accountability, and ensures that officials are more responsive to the needs and concerns of the general public.

56. (A) Providing universal connectivity and high-speed internet.
The Digital India initiative focuses on transforming the country into a digitally empowered society by ensuring universal connectivity and high-speed internet access. This infrastructure is essential for the digital delivery of government services and the promotion of digital literacy. By expanding internet reach, the program aims to provide all citizens with equal opportunities to access information and participate in the digital economy.

57. (C) Statement I is correct but Statement II is incorrect.
Decentralization is a key element of democratic governance that involves transferring decision-making power to local levels. This process helps in tailoring policies to meet specific local needs and encourages citizen participation in the governing process. Rather than being the opposite of democracy, decentralization strengthens democratic values by making the administration more accessible, accountable, and responsive to the regional population.

58. (A) National Health Mission.
Social policies are specifically designed to improve human well-being and provide essential services to the population. The National Health Mission is a clear example, as it focuses on providing accessible and affordable healthcare across the country. In contrast, fiscal deficit targets, repo rates, and foreign investment norms fall under economic policy, which deals with the financial and regulatory management of the nation.

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75. (D) 73rd and 74th Constitutional Amendment Acts.
Decentralization in India is fundamentally linked to the 73rd and 74th Constitutional Amendment Acts, which granted constitutional status to rural and urban local bodies. These amendments mandated the transfer of specific powers and functions to Panchayats and Municipalities, encouraging grassroots democracy. This framework ensures that local communities have the authority to manage their own affairs and participate directly in regional development.

76. (B) Lack of skilled manpower at the grassroots level.
Public policy implementation often faces significant challenges, such as the lack of skilled manpower and administrative capacity at the grassroots level. While policies may be well-formulated at the central level, the actual execution depends on the capability of local officials. Addressing this gap requires investment in training and institutional strengthening to ensure that programs are delivered effectively to the intended beneficiaries.

77. (C) Directive Principles of State Policy (DPSP).
India's identity as a welfare state is primarily enshrined in the Directive Principles of State Policy within the Constitution. These principles guide the government to ensure social and economic justice by providing services like education, health, and social security. While not legally enforceable in court, they serve as a fundamental moral and political compass for the state in formulating national policies.

78. (A) Both Statement I and Statement II are correct.
The RTI Act provides for the appointment of Information Commissioners at both central and state levels to oversee the law's implementation. These commissioners are appointed by the President or the Governor based on the recommendations of a high-level committee. Their role is to adjudicate on appeals and ensure that public authorities comply with their transparency obligations under the law.

79. (A) Fiscal deficit targets.
Economic policy is concerned with managing the nation's financial health, including aspects like inflation, trade, and fiscal deficit targets. Setting these targets is crucial for maintaining macroeconomic stability and sustainable growth. In contrast, literacy campaigns, vaccination drives, and women's safety laws are examples of social policy, which focuses on human development and protecting the well-being and rights of the population.

80. (B) Providing subsidized or free healthcare to the poor.
NGOs play a vital role in the health sector by providing subsidized or free healthcare services to impoverished and marginalized populations. They often operate in areas where government services are limited, offering essential care and health education. By focusing on community needs and reaching the underserved, these organizations significantly enhance the overall reach and accessibility of healthcare across the country.

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81. (B) Authoritarianism
The UNDP principles of good governance include the rule of law, efficiency and effectiveness, and consensus orientation. These principles are designed to ensure that governance is democratic, inclusive, and accountable. Authoritarianism, which involves the concentration of power and limited political freedoms, is the opposite of these principles and is not considered a feature of good governance in a democratic society.

82. (A) Public officials must answer for their decisions and actions.
Accountability in governance means that public officials and institutions have a duty to explain and justify their decisions and actions to the public. It ensures that power is not exercised arbitrarily and that there are consequences for administrative failures or misconduct. This principle is essential for maintaining public trust and ensuring that the government remains responsive to the needs of the citizens.

83. (C) It promotes "Cooperative Federalism".
NITI Aayog is a non-constitutional body established to promote "Cooperative Federalism" by involving state governments in the national planning process. It serves as a think tank that provides strategic advice and fosters a collaborative approach to development. Unlike the former Planning Commission, it emphasizes a bottom-up model where states play a proactive role in shaping policies that impact their growth.

67. (C) Statement I is correct but Statement II is incorrect.
Governance is a broader concept than government because it includes the roles played by non-state actors, such as the private sector and civil society. While the government represents the formal state apparatus, civil society is essential for a healthy governance process by acting as a watchdog and mobilizing public opinion. This inclusive approach ensures that varied perspectives are considered in policy-making.

68. (D) Providing last-mile relief and psychological support.
In disaster management, NGOs provide critical support by delivering last-mile relief and psychological care to victims. While the government handles large-scale logistics and military deployment, NGOs are often better positioned to reach remote or marginalized communities quickly. Their ability to provide localized aid and emotional counseling makes them vital partners in the comprehensive recovery and rehabilitation process following a crisis.

69. (C) Civil society must be an extension of the government's administrative wing.
Civil society organizations and the government can work in partnership for development, but they must remain independent of each other. Civil society often acts as a watchdog to hold the state accountable and may sometimes have a confrontational relationship on policy issues. They are not intended to be an extension of the government's administrative wing, as their independence is crucial for healthy democracy.

70. (B) All members of society feel they have a stake in it.
Equity and inclusiveness in good governance mean that all members of society, particularly the marginalized, feel they have a meaningful stake in national development. It requires ensuring that everyone has equal opportunities to improve their well-being and participate in decision-making. This principle aims to reduce social disparities and ensure that the benefits of growth are shared fairly across all communities.

71. (D) Bridging gaps between government and rural citizens.
In a developing country like India, e-governance is significant because it helps bridge the gap between the government and rural citizens. By providing online access to services and information, it overcomes geographical barriers and reduces the need for long-distance travel to administrative offices. This digital approach ensures that even remote populations can benefit from public programs, fostering more inclusive and efficient governance.

72. (A) NGOs are structured; civil society includes informal groups.
The primary distinction between an NGO and civil society lies in their organizational structure. NGOs are formal, structured organizations with specific goals and governance. In contrast, civil society is a broader concept that includes these NGOs along with informal groups, community associations, and social movements. Both sectors operate outside the government and market to influence public life and promote social well-being.

73. (C) Private company building and operating a highway under contract.
A classic example of a Public-Private Partnership is a private company building and operating a highway under a long-term contract with the government. This arrangement allows the state to utilize private investment and technical expertise for large-scale infrastructure projects. The private partner manages the daily operations and maintenance, while the government retains oversight to ensure that the public service standards are met.

74. (A) Confidential performance reports of individual employees.
A Citizen's Charter typically includes the vision and mission of a department, details on services provided, business hours, and grievance redressal mechanisms. It is designed to empower citizens by providing clear information about their rights and expectations. However, it does not include confidential internal documents, such as individual performance reports of employees, as these are not related to public service standards.

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populations.
(C) It aims to eliminate the need for all modern biological research.
(D) It is used to intentionally decrease the number of doctors in rural areas.

25. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Developing countries often face a "double burden" of disease.
Reason (R): These countries deal with both traditional infectious diseases and rising chronic lifestyle diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

26. Which of the following is a qualitative method used in health geography?
(A) Focused group interviews
(B) Advanced logistic regression modeling
(C) Calculation of mortality rates
(D) Analysis of census numbers

27. Consider the following statements regarding the "Health Atlas":
1. It is a collection of maps displaying health-related data.
2. It is used to identify regional health inequalities.
3. It cannot be used for monitoring trends over time.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

28. Global Health Geography is primarily concerned with:
(A) Only the specific health patterns and outcomes within the United Kingdom
(B) Health issues that transcend national boundaries
(C) The mechanical production of surgical equipment in factories
(D) The migration patterns of nomadic tribes in the 18th century

29. "Mortality Geography" is the study of:
(A) The spatial distribution of sickness
(B) The spatial distribution of pharmacies
(C) The spatial distribution of deaths
(D) The spatial distribution of nutrition levels

30. Match the items in List I with List II and select the correct answer from the options given below:
List I: (Types of Diffusion)
P. Relocation Diffusion
Q. Expansion Diffusion
R. Hierarchical Diffusion
S. Network Diffusion
List II: (Description)
1. Disease spreads through links in a social or transport system
2. Disease spreads from large cities to smaller towns
3. Disease is carried to a new area by migrating people
4. Disease spreads outward from a source into neighboring areas
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-1, S-2
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-2, S-1

31. Which discipline provides the foundational statistical methods for Health Geography to analyze the frequency of disease?
(A) Epidemiology
(B) Geology
(C) Physics
(D) Botany

32. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Public health and health geography are closely linked disciplines.
Reason (R): Both fields aim to understand and improve health outcomes at the population level.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.

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84. (D) Providing Right to Education as a fundamental right.
The role of the government in education includes ensuring that it is accessible to all citizens, which is reflected in the Right to Education being a fundamental right in India. This legal mandate requires the state to provide free and compulsory education to children within a specific age group. By prioritizing public funding and regulatory standards, the government aims to achieve universal literacy and development.

85. (C) A company building a school in a rural area where it operates.
Corporate Social Responsibility involves companies voluntarily or legally dedicating a portion of their profits to social and environmental causes. A company building a school in a rural area is a classic example of CSR, as it contributes directly to community development. These activities help businesses build a positive reputation while supporting the government's efforts to improve education, health, and infrastructure in underserved regions.

86. (B) Can be positive (action) or negative (no-action).
Public policy can take the form of both positive actions and deliberate no-action decisions. A positive policy involves the government taking specific steps, such as passing a law or launching a program, to solve a problem. Conversely, a negative policy occurs when the government consciously decides not to intervene in a particular issue, which itself is a significant administrative decision impacting society.

87. (D) High levels of gender inequality.
A major challenge in India's social sector is the presence of high levels of gender inequality, which affects access to education, health, and economic opportunities. Addressing this disparity is essential for achieving inclusive growth and social justice. The government and civil society work through various policies and programs to empower women and ensure they have equal rights and participation in development.

88. (C) Statement I is correct but Statement II is incorrect.
Civil society plays a crucial role in a democracy by mobilizing public opinion and advocating for social change. It provides a platform for citizens to organize and express their interests outside the formal government structure. However, civil society is not a part of the legislative wing of the government; instead, it remains an independent sector that influences policy and holds the state accountable.

89. (C) G2C — Government to Citizen
E-governance involves different types of digital interactions between various stakeholders. G2C stands for Government to Citizen, which refers to the online delivery of public services and information directly to the people. Other common models include G2B (Government to Business) and G2E (Government to Employees), each designed to streamline communication and improve the efficiency of administrative processes through modern technology.

90. (A) Transfer of authority from central to local government.
Decentralization is the process of transferring authority, responsibility, and resources from the central government to local administrative bodies. This shift allows for more democratic decision-making and ensures that policies are tailored to the specific needs of local communities. By empowering regional and grassroots institutions, decentralization makes governance more responsive and encourages active citizen participation in the development and management of public services.

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91. (D) Digital empowerment of citizens.
The Digital India program is designed with the objective of ensuring the digital empowerment of all citizens. It focuses on providing universal digital literacy and making all government services available in a digital format. By bridging the digital divide, the initiative aims to enable every individual to participate fully in the modern knowledge economy and access public resources more efficiently and transparently.

92. (B) Providing Self-Help Group (SHG) training.
NGOs contribute significantly to women's empowerment by providing training and support for Self-Help Groups (SHGs). These initiatives help women gain economic independence through microfinance and skill development. By fostering local leadership and collective

action, NGOs enable women in marginalized communities to improve their socio-economic status and advocate for their rights within their families and the broader social structure.

93. (C) Serving all stakeholders within a reasonable timeframe.
Responsiveness, according to UNDP principles, means that government institutions and administrative processes should try to serve all stakeholders within a reasonable and defined timeframe. This principle ensures that the state is sensitive to the needs of the population and acts efficiently to provide necessary services and information. A responsive administration builds public trust by being timely and effective in its operations.

94. (D) They involve the permanent transfer of sovereign land ownership to the private partner.
Public-Private Partnerships are designed to leverage private investment and expertise for public projects, particularly in transport and power sectors. While they involve long-term contracts for service delivery or infrastructure management, they do not involve the permanent transfer of sovereign land ownership to the private partner. The government typically retains ultimate oversight and ownership, ensuring the project serves the public interest throughout the contract.

95. (A) The law is the same for everyone.
The rule of law is a foundational concept in governance implying that the law is supreme and applies equally to all individuals and institutions, including the government itself. It prevents the arbitrary exercise of power and ensures that legal frameworks are clear, fair, and enforced impartially. This principle protects individual rights and provides a stable environment where justice can be administered without favor or prejudice.

96. (B) Promotion of social equality.
A welfare state is characterized by the government's active efforts to promote social equality and reduce disparities within the population. It provides essential social services and safety nets to ensure that all citizens have access to health, education, and basic economic security. This commitment to social justice aims to protect the most vulnerable and foster a more inclusive and stable national community.

97. (B) It replaced the Planning Commission.
NITI Aayog was established by the Government of India in 2015 to replace the former Planning Commission, which had guided the nation's economy through centralized Five Year Plans for decades. This change marked a shift toward a more collaborative and strategic approach to national development. NITI Aayog focuses on providing technical advice and promoting cooperative federalism by involving all states in the planning process.

98. (A) Political interference in administrative tasks.
Public policy implementation is often hindered by political interference in routine administrative tasks, which can disrupt the objective execution of programs. When political considerations take precedence over technical or social goals, it can lead to inefficiency and the misallocation of resources. Ensuring a clear distinction between policy-making and administration is essential for the effective and impartial delivery of public services to the citizens.

99. (C) Amnesty International.
Amnesty International is a prominent example of an international NGO that operates across many countries to advocate for human rights and social justice. Unlike local or national organizations, international NGOs work on a global scale and often influence international policies and treaties. They mobilize resources and public opinion worldwide to address issues like freedom of speech, fair trials, and the prevention of human rights violations.

100. (D) Exercising power to manage economic and social resources.
Governance is most accurately described as the process and exercise of authority to manage a nation's economic and social resources for development. It encompasses the formal and informal mechanisms through which decisions are made and implemented. Effective governance requires a balance of power between the state, the private sector, and civil society to ensure that resources are utilized transparently, accountably, and equitably.

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CHAPTER 08
Health Geography

1. Which of the following best defines the core focus of Health Geography?
(A) The analysis of medical treatments and clinical surgical procedures
(B) The spatial distribution of health, disease, and healthcare systems
(C) The chemical analysis of pharmaceutical compounds in a laboratory
(D) The historical evolution of medicinal chemistry and drug development

2. Which ancient Greek scholar is credited with the earliest work on the relationship between environment and health in "On Airs, Waters, and Places"?
(A) Hippocrates
(B) Aristotle
(C) Plato
(D) Herodotus

3. Regarding the distinction between Medical Geography and Health Geography, which statement is correct?
(A) Health Geography focuses strictly on the biological causes of disease.
(B) Medical Geography is a newer sub-discipline that replaced Health Geography in the 1970s.
(C) Health Geography adopts a broader social and holistic view of well-being.
(D) There is no conceptual difference between the two fields.

4. Which of the following is NOT considered a primary component of the scope of Health Geography?
(A) The spatial patterns of chronic and infectious diseases
(B) The accessibility and location of healthcare facilities
(C) The impact of environmental quality on human health
(D) The microscopic structure of cellular DNA

5. Match the items in List I with List II and select the correct answer from the options given below:
List I: (Scholar/Concept)
P. John Snow
Q. Hearth Area
R. Spatial Epidemiology
S. Disease Ecology
List II: (Association)
1. Point of origin of a disease
2. Cholera mapping in London
3. Interaction between host, agent, and environment
4. Analysis of geographic variations in health
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-2, Q-4, R-1, S-3

6. The "Spatial Approach" in health geography primarily emphasizes:
(A) The chemical composition and pharmacological properties of medicines
(B) The location, arrangement, and distribution of health phenomena
(C) The psychological state and mental health of individual patients
(D) The economic profitability of private pharmaceutical companies

7. Read the following statements and select the correct option regarding the Ecological Approach in Health Geography:
Statement I: It explores the relationship between human health and the environment.
Statement II: It focuses exclusively on the genetics of the human population.
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both statements are true.
(D) Both statements are false.

8. The following question consists of two statements — Assertion (A) and Reason (R).

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59. (D) Creating employment and income generation opportunities.
The government plays a vital role in poverty alleviation by creating sustainable employment and income generation opportunities for the underprivileged. Through various schemes and infrastructure projects, the state aims to empower citizens to move above the poverty line. These efforts are complemented by providing access to basic services and social security, ensuring a comprehensive approach to reducing economic hardship and inequality.

60. (B) Information related to national security can be withheld.
While the RTI Act is designed to promote transparency, it includes specific exceptions to protect the nation's vital interests. Information related to national security, sovereignty, and international relations can be legally withheld from public disclosure. These exceptions ensure a balance between the citizen's right to know and the state's responsibility to maintain safety and confidentiality in sensitive areas of governance.

61. (C) Proactive disclosure of information on public portals.
Transparency in governance is most effectively achieved through the proactive disclosure of information on public portals. By making data regarding budgets, policies, and decisions readily available to the public, the government reduces the need for individual information requests. This open approach discourages corruption, fosters public trust, and ensures that citizens are well-informed about the functioning of their administrative institutions.

62. (D) PPP — Public Private Partnership
Governance terminology often uses acronyms to describe various frameworks and initiatives. PPP correctly stands for Public-Private Partnership, which involves collaboration between government agencies and the private sector for development. In contrast, NGO stands for Non-Governmental Organization, RTI refers to the Right to Information, and CSR denotes Corporate Social Responsibility, each representing a distinct aspect of modern social and administrative systems.

63. (A) World Bank
The concept of "Good Governance" gained significant international prominence in the late 1980s through reports published by the World Bank. The institution highlighted the importance of transparency, accountability, and the rule of law as essential conditions for effective economic development. This shift emphasized that sustainable progress requires not just technical economic management, but also sound institutional and administrative frameworks within a nation.

64. (B) Availability of perfect and complete data.
Public policy formulation is often challenged by conflicting interests among different groups, technical complexity, and political pressures. In reality, policy-makers rarely have access to perfect and complete data, making the decision-making process difficult and reliant on estimates and expert judgments. Addressing these challenges requires a careful balance of diverse perspectives and a commitment to evidence-based planning despite information gaps.

65. (B) Designing strategic and long-term policy and program frameworks.
NITI Aayog's primary function is to serve as the government's premier think tank, responsible for designing strategic and long-term policy and program frameworks. It provides technical advice and fosters innovation to address complex developmental challenges. By analyzing national and international trends, it helps the government formulate informed policies that promote sustainable growth and cooperative federalism across all states and union territories.

66. (A) Issues like climate change that transcend boundaries.
International NGOs focus on addressing global issues that transcend national boundaries, such as climate change, human rights, and worldwide health crises. They operate in multiple countries and often collaborate with international bodies like the United Nations. By mobilizing global resources and public opinion, these organizations play a significant role in influencing international policies and delivering aid to areas in need across the globe.

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16. Which of the following is a primary application of Remote Sensing in health geography?
(A) Conducting complex surgical procedures via remote-controlled robotic arms
(B) Identifying breeding sites for disease vectors like mosquitoes
(C) Recording confidential consultations between patients and doctors
(D) Designing the internal architectural floorplans of a clinic

17. Consider the following statements regarding health geography and policy making:
1. It helps in identifying underserved populations.
2. It assists in the spatial allocation of limited health resources.
3. It is irrelevant to the planning of emergency response systems.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

18. The "Geography of Healthcare" specifically focuses on:
(A) The accessibility, distribution, and utilization of medical services
(B) The genetic evolution and mutation of various viral pathogens
(C) The historical development and use of ancient herbal remedies
(D) The specific chemical and molecular composition of the atmosphere

19. Which of the following is considered a "Social Determinant" of health in a geographic context?
(A) The annual amount of rainfall within a desert ecosystem
(B) The long-term movement of tectonic plates
(C) The income level and education of a community
(D) The genetic predisposition to a rare blood disorder

20. Arrange the following developments in health geography in chronological order:
1. Mapping of Cholera by John Snow
2. Hippocrates' treatise on environment and health
3. Integration of GIS and Remote Sensing in health studies
4. Formal distinction between Medical and Health Geography
(A) 1-2-3-4
(B) 2-4-1-3
(C) 4-2-1-3
(D) 2-1-4-3

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21. Which concept describes the study of the interactions between human populations and the biological, social, and physical environment that produces disease?
(A) Disease Diffusion
(B) Remote Sensing
(C) Disease Ecology
(D) Global Health

22. Regarding "Morbidity Geography," which of the following statements is true?
(A) It maps the spatial patterns of mortality and death within a population.
(B) It maps the spatial patterns of illness and prevalence of diseases.
(C) It focuses exclusively on the birth rates and fertility of a country.
(D) It is only used to study the rates of infant and neonatal mortality.

23. Match the items in List I with List II and select the correct answer from the options given below:
List I: (WHO Regions)
P. SEARO
Q. AFRO
R. EURO
S. PAHO
List II: (Countries/Zones)
1. African Region
2. Americas
3. South-East Asia Region
4. European Region
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

24. What is the significance of Health Geography in India?
(A) It addresses regional disparities in infrastructure and disease burden.
(B) It focuses only on the health of urban elite

Answer the question by selecting the appropriate option:
Assertion (A): The place where an individual lives has a direct impact on their health outcomes.
Reason (R): Different geographic locations provide varying levels of access to resources and exposure to environmental risks.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

9. In which year did John Snow conduct his famous mapping of the Broad Street cholera outbreak?
(A) 1812
(B) 1854
(C) 1888
(D) 1901

10. Consider the following statements regarding Geographic Information Systems (GIS) in Health Geography:
1. GIS allows for the visualization of disease clusters.
2. GIS is used to determine the optimal location for new hospitals.
3. GIS cannot integrate socio-economic data with health data.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

11. The term "Disease Diffusion" refers to:
(A) The internal biological replication of a virus within a host
(B) The permanent and global eradication of a specific health condition
(C) The legal and regulatory framework for national medical insurance
(D) The movement of a disease from its source to new areas

12. Which pair is incorrectly matched?
(A) Public Health — Population-level health interventions
(B) Remote Sensing — Collection of data via physical contact
(C) Epidemiology — Study of frequency and distribution of disease
(D) Health Atlas — Visual representation of health data

13. Match the methods in List I with their focus in List II and select the correct answer from the options given below:
List I: (Method)
P. Quantitative Methods
Q. Qualitative Methods
R. Remote Sensing
S. Disease Mapping
List II: (Focus)
1. Monitoring environmental indicators like water quality
2. Statistical modeling and numerical data
3. Cartographic representation of morbidity
4. Interviews and lived experiences of health
(A) P-4, Q-2, R-3, S-1
(B) P-1, Q-3, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-2, S-4

14. What is the "Hearth Area" of a disease?
(A) The specific region where an infectious disease is finally eliminated
(B) The geographic zone where specialized healthcare is most expensive
(C) The administrative and legal boundary of a regional hospital district
(D) The geographic origin or starting point of an epidemic

15. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Spatial epidemiology uses geographic data to understand health trends.
Reason (R): Disease patterns are randomly distributed across the earth's surface without environmental influence.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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(C) A is true but R is false.
(D) A is false but R is true.

33. Which of the following best describes "Concept Application" in Health Geography?
(A) Memorizing dates of historical medical discoveries
(B) Using spatial theories to solve real-world health access problems
(C) Studying the chemical and pharmacological properties of vaccines
(D) Investigating the historical evolution and design of surgical tools

34. Consider the following statements about Health Geography in developing countries:
1. Malnutrition is a significant spatial health concern.
2. Vector-borne diseases like malaria are often endemic.
3. Healthcare infrastructure is uniformly distributed across all regions.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

35. The concept of "Place and Health" suggests that:
(A) Only the internal genetic makeup of an individual matters for health.
(B) Health outcomes are entirely independent of the geographic environment.
(C) The social and physical characteristics of a location influence health.
(D) Hospitals and clinics are the only places that influence health outcomes.

36. Which quantitative method is commonly used to analyze the clusters of a disease?
(A) Thematic Apperception Test
(B) Ethnography
(C) Participant Observation
(D) Nearest Neighbor Analysis

37. Match the items in List I with List II and select the correct answer from the options given below:
List I: (Concept)
P. Endemic
Q. Epidemic
R. Pandemic
S. Zoonosis
List II: (Definition/Example)
1. Disease spread across multiple continents
2. Disease constantly present in a specific region
3. Disease transmitted from animals to humans
4. Sudden increase in disease cases in a community
(A) P-4, Q-2, R-3, S-1
(B) P-1, Q-3, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-2, S-4

38. Which of the following is an exception to the environmental determinants of health?
(A) Air quality
(B) Personal genetic mutations
(C) Water purity
(D) Soil contamination

39. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Remote sensing is vital for tracking the spread of environmental diseases.
Reason (R): Satellite imagery can monitor changes in land use and climate that affect disease vectors.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

40. In the context of healthcare access, "Distance Decay" refers to:
(A) The decrease in the utilization of health services as distance from the facility increases
(B) The steady increase in healthcare quality as the geographic distance increases
(C) The gradual improvement of transport infrastructure as distance increases
(D) The significant reduction of disease as people move further away from clusters

41. Consider the following statements about Health Geography's relationship with GIS:

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their access to care
(B) Calculating the Mean Center of a disease outbreak
(C) Running a Correlation coefficient between rain and malaria
(D) Measuring the distance to the nearest hospital

99. The "Ecological Approach" in health geography focuses on:
(A) The economic cost of hospital beds
(B) The history of medical architecture
(C) The host-agent-environment triad
(D) The molecular weight of drugs

100. "Spatial Epidemiology" is best described as:
(A) The study of the historical development of hospital management systems
(B) The internal biological and molecular study of various plant diseases
(C) The study of deep space travel's physiological impact on human health
(D) The geographic study of the distribution and determinants of health outcomes

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(D) 4-1-2-3

51. What is the main objective of using "Disease Mapping" in public health?
(A) To intentionally increase the overall cost of specialized medical treatment
(B) To systematically hide sensitive health data from the general public
(C) Visualizing spatial health risks for better intervention
(D) To study the ancient and modern history of cartographic map-making

52. In Health Geography, the "Ecological Approach" is often contrasted with:
(A) The Cartographic Approach
(B) The Spatial Approach
(C) The Quantitative Approach
(D) The Biomedical Approach

53. Match the items in List I with List II and select the correct answer from the options given below:
List I: (Concept)
P. Accessibility
Q. Distribution
R. Morbidity
S. Mortality
List II: (Key Focus)
1. Prevalence of disease
2. Ease of reaching health services
3. Frequency of death
4. Spatial arrangement of facilities
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

54. Which of the following is an example of "Expansion Diffusion" of a disease?
(A) A person traveling by air and carrying a virus to a distant city
(B) A disease spreading outward from an urban center to surrounding suburbs
(C) The migration of a whole tribe with an endemic disease
(D) The total and permanent eradication of a disease in a specific region

55. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): India faces a significant challenge in rural healthcare access.
Reason (R): Most specialized medical facilities are concentrated in urban metropolitan areas.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

56. Which of the following is NOT a quantitative technique in health geography?
(A) Narrative analysis
(B) Spatial autocorrelation
(C) Regression analysis
(D) Buffer analysis in GIS

57. Consider the following statements regarding Health Geography in India:
1. It helps in mapping the hotspots of communicable diseases like TB.
2. It plays no role in the National Health Mission.
3. It examines the impact of monsoon on seasonal diseases.
Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 1 and 2 only
(C) 2 and 3 only
(D) 1, 2, and 3

58. What does "Global Health Geography" seek to understand?
(A) The global disparities in health outcomes and health systems
(B) Only the specific health patterns and outcomes within the United Kingdom
(C) The private and individual medical health history of world leaders
(D) The logistical management of a single local hospital's inventory

59. The study of "Disease Diffusion" is crucial for:
(A) Designing a new stethoscope
(B) Calculating the profit of a pharmacy
(C) Understanding the history of surgery
(D) Predicting the path of an epidemic

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60. Match the items in List I with List II and select the correct answer from the options given below:
List I: (Topic)
P. Public Health
Q. Epidemiology
R. GIS
S. Health Geography
List II: (Description)
1. Science of protecting and improving population health
2. Study of the distribution and determinants of health states
3. Tool for spatial data management and analysis
4. Study of health from a spatial and place-based perspective
(A) P-4, Q-3, R-2, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

61. Which of the following is the most appropriate description of "Spatial Epidemiology"?
(A) The study of the historical development and efficacy of vaccines
(B) The study of the internal psychological impact of a chronic disease
(C) The study of spatial variations in disease risk and its causes
(D) The study of the microscopic molecular structure of aerobic bacteria

62. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Hippocrates is often called the first "Health Geographer."
Reason (R): He emphasized that physicians should consider the seasons, winds, and water of a place.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

63. Which term refers to the constant presence of a disease within a specific geographic area?
(A) Endemic
(B) Epidemic
(C) Pandemic
(D) Eradication

64. Consider the following statements about the "Geography of Health Care":
1. It analyzes the "Inverse Care Law."
2. It focuses on the spatial barriers to accessing medicine.
3. It ignores the location of pharmacies.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

65. Which of the following is an incorrect pair regarding health determinants?
(A) Biological — Genetics
(B) Social — Blood Type
(C) Environmental — Pollution
(D) Behavioral — Smoking habits

66. "Health Geography" differs from "Medical Geography" by emphasizing:
(A) The social, cultural, and political dimensions of health
(B) The individual clinical diagnosis and treatment of patients
(C) The specialized laboratory testing and analysis of viral strains
(D) The chronological history and publication of medical textbooks

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67. Which method is most likely to be used to understand how people perceive the safety of their neighborhood environment?
(A) Remote Sensing
(B) Spatial Autocorrelation
(C) Qualitative Interviews
(D) Linear Regression

68. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Mortality rates are often higher in regions with poor environmental sanitation.
Reason (R): Poor sanitation leads to the spread of infectious water-borne diseases.
(A) Both A and R are true and R is the correct

explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

69. Which of the following is a primary data source for mapping morbidity in a country?
(A) Geological survey maps
(B) History books
(C) Hospital discharge records
(D) Astronomy databases

70. Consider the following statements regarding Health Geography in developing countries:
1. Rural-urban migration affects the spread of diseases.
2. Lack of clean water is a major health determinant.
3. They have surpassed the health standards of developed nations.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 1, 2, and 3

71. The "Spatial Approach" in health geography is primarily:
(A) Purely clinical
(B) Strictly biological
(C) Theoretically sociological
(D) Descriptive and analytical

72. Who is known for the 1854 Broad Street Pump map?
(A) John Snow
(B) Louis Pasteur
(C) Robert Koch
(D) Edward Jenner

73. Match the items in List I with List II and select the correct answer from the options given below:
List I: (Spatial Concept)
P. Buffer
Q. Overlay
R. Network Analysis
S. Hotspot
List II: (Application)
1. Identifying clusters of high disease incidence
2. Calculating travel time to the nearest clinic
3. Determining the area within 5km of a hospital
4. Combining maps of poverty and malaria
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-1, S-2
(C) P-3, Q-4, R-2, S-1
(D) P-2, Q-1, R-4, S-3

74. Which of the following describes the relationship between health geography and epidemiology?
(A) They share a common interest in the distribution of disease.
(B) Health geography is a minor sub-branch of advanced clinical surgery.
(C) They are two completely and fundamentally unrelated academic fields.
(D) Epidemiology only focuses on the historical development of medicine.

75. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): A "Health Atlas" is an essential tool for public health planners.
Reason (R): It provides a visual summary of complex spatial health data.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

76. Which of the following is a "Physical Environment" determinant of health?
(A) Political system
(B) Climate and weather
(C) Language spoken
(D) National GDP

77. Consider the following statements about Remote Sensing in health geography:
1. It is used to map vegetation that may harbor disease vectors.
2. It can monitor air pollution levels in cities.
3. It can be used to diagnose a patient's internal broken bones.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only

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1. It allows for multi-layered analysis of health determinants.
2. It helps in real-time tracking of infectious disease outbreaks.
3. It is limited to producing only physical paper maps.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

42. Which scholar is most associated with the "Mapping of Cholera" which founded modern spatial epidemiology?
(A) John Snow
(B) Peter Gould
(C) Jacques May
(D) Max Sorre

43. Which of the following is a primary goal of spatial epidemiology?
(A) To identify the chemical structure of a virus
(B) To prescribe medicine to individual patients
(C) To study the history of medical education
(D) To identify geographic clusters of disease

44. Which approach in health geography focuses on the "lived experience" of health and illness?
(A) Quantitative Approach
(B) Qualitative Approach
(C) Mathematical Modeling
(D) Remote Sensing

45. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Medical Geography traditionally focused more on the "disease" itself.
Reason (R): Health Geography evolved to include the social and cultural aspects of "well-being."
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

46. "Disease Ecology" investigates the relationship between:
(A) Economic profit margins and global pharmaceutical sales
(B) The total number of available beds in a public hospital
(C) The average monthly price of private medical insurance
(D) Pathogens, hosts, and environmental conditions

47. Consider the following statements regarding the Hearth Area:
1. It is the core region where a disease is endemic.
2. It is the area where a disease first emerges before spreading.
3. It is always located in a desert.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

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48. Which factor is a key "Environment Linkage" in the study of water-borne diseases?
(A) Atmospheric pressure
(B) Contaminated water sources
(C) Solar radiation
(D) Soil texture

49. Which of the following correctly describes the "Social Determinants of Health"?
(A) Inherent biological factors such as a person's age and sex
(B) Conditions in which people are born, grow, live, and work
(C) The chemical properties and composition of pharmaceutical drugs
(D) The fundamental physical laws and principles of thermodynamics

50. Arrange the following steps in a GIS-based health study in logical order:
1. Data Analysis and Visualization
2. Data Collection (Health and Spatial)
3. Identification of Health Problem
4. Policy Recommendation

(A) 3-2-1-4
(B) 1-2-3-4
(C) 2-3-1-4

88. Read the following statements and select the correct option:
Statement I: Health Geography uses "Big Data" for disease surveillance.
Statement II: Health Geography only uses historical manuscripts for research.
(A) Statement I is true, but Statement II is false.
(B) Statement I is false, but Statement II is true.
(C) Both statements are true.
(D) Both statements are false.

89. "Hearth area" is most relevant to the study of:
(A) The spatial distribution of higher medical schools
(B) The chronological history of the nursing profession
(C) The origin of an infectious disease outbreak
(D) The internal chemical structure of synthetic antibiotics

90. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Health geography is vital for policy making.
Reason (R): It provides evidence-based spatial insights for health intervention.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

91. Which of the following is a primary "Quantitative Method" in health geography?
(A) Phenomenology
(B) Grounded Theory
(C) Discourse Analysis
(D) Cluster Analysis

92. Which scholar's work in the 19th century is considered a milestone in the historical development of health geography?
(A) David Harvey
(B) John Snow
(C) Milton Santos
(D) Yi-Fu Tuan

93. The distinction between "Medical Geography" and "Health Geography" emerged prominently in the:
(A) 1700s
(B) 1850s
(C) 1920s
(D) 1990s

94. Which of the following is a key determinant in "Morbidity Geography"?
(A) Soil composition
(B) Altitude and terrain
(C) Climatic variability
(D) Lifestyle factors

95. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Remote Sensing can help predict outbreaks of Cholera.
Reason (R): It monitors sea surface temperatures and chlorophyll levels related to cholera bacteria.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

96. Which concept is used to describe the "hierarchical" spread of a disease from large cities to smaller towns?
(A) Contagious Diffusion
(B) Hierarchical Diffusion
(C) Relocation Diffusion
(D) Static Diffusion

97. What is the main use of a "Health Atlas"?
(A) To catalogue every physician currently practicing in a country
(B) To provide a visual spatial database of health indicators
(C) To serve as a guide for performing complex surgical operations
(D) To track the global daily fluctuations of the pharmaceutical market

98. Which of the following is a "Qualitative" data collection technique?
(A) In-depth interviews with patients about

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(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

78. What is the focus of "Global Health Geography"?
(A) The medical health and history of one specific individual person
(B) The molecular and chemical composition of diverse medicinal plants
(C) The historical mapping of ancient trade routes in Asia
(D) Health disparities between the Global North and Global South

79. What does the acronym WHO stand for in the context of international health?
(A) World Health Organization
(B) Women Health Organization
(C) World Hygiene Office
(D) Welfare and Health Office

80. Consider the following statements about "Morbidity":
1. It refers to the state of being diseased.
2. It is measured by prevalence and incidence.
3. It is synonymous with the death rate.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

81. "Spatial Diffusion" of an influenza virus usually follows which pattern?
(A) Only through Relocation
(B) Hierarchical and Expansion
(C) Strictly vertical spread
(D) No identifiable pattern at all

82. Which of the following is an example of the "Place and Health" relationship?
(A) High asthma rates in areas with heavy industrial pollution
(B) The genetic mutation rate of individuals in a sterile environment
(C) The chemical composition of a specific brand of antibiotic
(D) The availability of digital medical records in a private clinic

83. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): GIS is used in "Health Care Geography" to improve service delivery.
Reason (R): It helps identify areas where people have to travel long distances for care.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

84. In India, the study of Health Geography is increasingly important due to:
(A) The discovery of a universal vaccine for all respiratory diseases
(B) The complete shift to a fully privatized medical system
(C) The historical analysis of colonial medical practices
(D) The rapid urbanization and environmental changes

85. Which of the following is NOT recognized as a specific World Health Organization (WHO) region?
(A) The AFRO regional designation
(B) The SEARO regional designation
(C) A single consolidated ASIA-PACIFIC region
(D) The EURO regional designation

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86. The concept of "Disease Ecology" was significantly popularized by:
(A) Alfred Wegener
(B) Jacques May
(C) Immanuel Kant
(D) Carl Ritter

87. Which of the following is a practical application of Health Geography in disease management?
(A) Memorizing the names of all the bones in the human body
(B) Reading the biography of historical medical figures
(C) Learning how to use a laboratory microscope
(D) Designing a spatial model to predict the next outbreak of Dengue

ANSWERS

1. (B) The spatial distribution of health, disease, and healthcare systems
Health geography focuses on how location and place affect human well-being. It examines spatial patterns of illness and the delivery of healthcare services across different regions. Unlike purely clinical medicine, this field prioritizes the geographic context. It explores how environmental and social factors influence population health outcomes and provides insights into how medical resources are distributed to communities.

2. (A) Hippocrates
Hippocrates is widely recognized as the pioneer of environmental health studies in ancient Greece. His work emphasized that human health is inextricably linked to the physical environment, including climate, water quality, and local topography. This shift from supernatural explanations to environmental factors laid the groundwork for medical geography. It remains a foundational text for understanding the geographic nature of disease.

3. (C) Health Geography adopts a broader social and holistic view of well-being.
Health geography represents a conceptual shift from a narrow focus on disease to a broader understanding of wellness. While medical geography traditionally emphasizes clinical and biological factors, health geography integrates social, cultural, and political influences. This approach views health as a holistic state influenced by the complex interactions between individuals and their surrounding social, physical, and geographic environments across time.

4. (D) The microscopic structure of cellular DNA
Health geography primarily investigates the relationships between people, their environments, and health outcomes. Its scope includes mapping disease patterns, assessing healthcare accessibility, and analyzing environmental impacts on populations. However, the microscopic study of cellular structures or genetic sequences falls within the realm of molecular biology and genetics rather than the spatial and environmental focus characterizing the geographic study of health.

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5. (C) P-2, Q-1, R-4, S-3
John Snow is famously associated with mapping cholera cases in London to identify the source of the outbreak. A hearth area signifies the specific point of origin for a disease. Spatial epidemiology involves analyzing geographic variations in health outcomes. Disease ecology focuses on the complex interactions between hosts, agents, and their environments, forming the basis for understanding disease transmission patterns.

6. (B) The location, arrangement, and distribution of health phenomena
The spatial approach emphasizes the importance of location and the distribution of health-related phenomena. It focuses on the patterns, arrangements, and movements of diseases and healthcare resources across geographic space. By analyzing where health events occur, researchers can identify clusters, trends, and disparities. This perspective is essential for planning effective public health interventions and optimizing resource allocation for communities.

7. (A) Statement I is true, but Statement II is false.
The ecological approach examines the complex relationships between human populations and their environments. It considers how physical, biological, and social factors interact to produce disease. While genetics can play a role in population health, this approach is fundamentally about environmental contexts rather than being exclusively focused on individual genetic structures. Environmental quality remains the central focus of this important geographic perspective.

8. (A) Both A and R are true and R is the correct explanation of A.
Geographic location significantly determines individual health outcomes due to varying environmental risks and resource availability.

Different places offer distinct levels of exposure to pollutants, access to nutritious food, and proximity to quality medical services. These spatial variations create inequalities in life expectancy and disease prevalence. Therefore, the place of residence acts as a critical determinant of an individual's health status.

9. (B) 1854
In the mid-nineteenth century, a major cholera outbreak occurred in London. John Snow famously mapped these cases in relation to local water pumps to prove that the disease was water-borne. His groundbreaking work in eighteen fifty-four transformed public health and founded the field of spatial epidemiology. This event demonstrated the power of mapping in solving complex and deadly medical mysteries.

10. (A) 1 and 2 only
Geographic Information Systems are powerful tools for visualizing disease clusters and identifying spatial trends. They are extensively used to determine the most effective locations for new medical facilities by analyzing population density and existing service gaps. Contrary to some misconceptions, these systems are highly capable of integrating socio-economic data with health information to provide a comprehensive view of community well-being.

11. (D) The movement of a disease from its source to new areas
Disease diffusion describes the process by which an illness spreads from its point of origin to new geographic locations. This movement can occur through various mechanisms, such as human travel or animal migration. Understanding these patterns is vital for predicting the future path of epidemics. It allows health authorities to implement containment measures and allocate resources effectively across different regions.

12. (B) Remote Sensing — Collection of data via physical contact
Remote sensing involves gathering information about the Earth's surface from a distance, typically using satellites or aircraft. It does not require physical contact with the objects being studied. This technology is crucial for monitoring environmental factors like water quality or vegetation. In contrast, other fields like epidemiology focus on disease distribution, while a health atlas provides a visual data summary.

13. (C) P-2, Q-4, R-1, S-3
Quantitative methods use statistical modeling to analyze health data, while qualitative methods explore lived experiences through interviews. Remote sensing is used to monitor environmental indicators from a distance, such as water quality or land cover changes. Disease mapping involves the cartographic representation of morbidity patterns. These diverse methodologies allow geographers to examine health from both objective and subjective spatial perspectives.

14. (D) The geographic origin or starting point of an epidemic
The hearth area of a disease represents its geographic point of origin or the specific location where an outbreak begins. Identifying this area is crucial for understanding how a disease first emerged and the environmental conditions that facilitated its initial spread. Once the source is determined, health officials can trace the paths of diffusion and implement targeted disease control measures.

15. (C) A is true but R is false.
Spatial epidemiology relies on geographic data to analyze health trends and the distribution of diseases. Disease patterns are not randomly distributed; they are influenced by environmental, social, and economic factors. By identifying clusters and spatial correlations, researchers can uncover the underlying causes of health disparities. This evidence-based approach is essential for developing effective public health policies and targeted medical interventions.

16. (B) Identifying breeding sites for disease vectors like mosquitoes
Remote sensing is a valuable tool in health geography for identifying and monitoring environmental conditions that support disease vectors. For example, satellite imagery can locate stagnant water or specific vegetation types where mosquitoes breed. This information allows for proactive vector control and helps prevent outbreaks of diseases like malaria or dengue. It is an essential technology for global environmental surveillance.

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17. (A) 1 and 2 only
Health geography is instrumental in identifying populations that lack adequate medical services. By analyzing spatial data, policymakers can allocate limited resources more effectively to areas with the greatest need. This discipline is also vital for planning emergency response systems, as it helps determine the fastest routes and most accessible locations for crisis intervention. It ensures a data-driven approach to planning.

18. (A) The accessibility, distribution, and utilization of medical services
The geography of healthcare focuses on the spatial organization of medical services and how people interact with them. It examines the distribution of hospitals, the accessibility of clinics, and the patterns of service utilization. By identifying areas with insufficient coverage, researchers can help improve the equity and efficiency of health systems. This field bridges the gap between geography and health administration.

19. (C) The income level and education of a community
Social determinants of health include non-medical factors that influence health outcomes, such as income, education, and employment. In a geographic context, these factors vary across locations and significantly impact the well-being of different communities. Unlike physical factors like rainfall, social determinants reflect the socio-economic conditions in which people live and work, directly affecting their long-term health and disease risks.

20. (D) 2-1-4-3
The study of environment and health began with Hippocrates in ancient Greece. Centuries later, John Snow's nineteenth-century cholera mapping established spatial epidemiology. In the late twentieth century, geographers made a formal distinction between medical and health geography. Modern health studies now frequently integrate advanced technologies like Geographic Information Systems and Remote Sensing to analyze complex spatial health data and trends.

21. (C) Disease Ecology
Disease ecology investigates the intricate relationships between human populations and their surroundings. It examines how biological, social, and physical environmental factors interact to influence the occurrence and spread of illness. By studying the triad of host, agent, and environment, researchers can identify the ecological conditions that promote disease. This holistic perspective is essential for developing comprehensive prevention and control strategies.

22. (B) It maps the spatial patterns of illness and prevalence of diseases.
Morbidity geography is dedicated to mapping and analyzing the spatial patterns of illness and the prevalence of various diseases. It focuses on the frequency of non-fatal health conditions within a population across different regions. This field helps identify geographic hotspots where specific diseases are more common, allowing for targeted public health interventions. It is distinct from the study of mortality.

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23. (D) P-3, Q-1, R-4, S-2
The World Health Organization divides the globe into regions for administrative and health monitoring purposes. SEARO refers to the South-East Asia Region, while AFRO covers the African Region. EURO encompasses the European Region, and PAHO serves as the organization for the Americas. These regional divisions allow for tailored health strategies that address the unique challenges faced by different continents.

24. (A) It addresses regional disparities in infrastructure and disease burden.
Health geography is particularly significant in India for addressing vast regional disparities in healthcare infrastructure and disease burden. It provides the tools to map underserved areas and understand how environmental and social factors contribute to health inequalities. By identifying these gaps, policymakers can better direct resources to rural and marginalized populations, improving the overall health outcomes of the nation.

25. (A) Both A and R are true and R is the correct explanation of A.
Developing countries often experience a double burden of disease, where they must manage traditional infectious illnesses alongside a rise in chronic lifestyle conditions. This phenomenon is driven by rapid urbanization and changes in diet and activity levels. As these nations modernize,

states. Geographic Information Systems are essential tools for managing and analyzing spatial data. Health geography integrates these concepts to study well-being from a spatial and place-based perspective, providing a comprehensive understanding of health patterns.

61. (C) The study of spatial variations in disease risk and its causes
Spatial epidemiology is the study of how disease risk and its causes vary across geographic locations. It focuses on identifying spatial patterns, such as clusters or hotspots, and investigating the environmental and social factors that contribute to these variations. This field provides the evidence base for targeted public health interventions by showing exactly where health problems are most concentrated and why.

62. (A) Both A and R are true and R is the correct explanation of A.
Hippocrates is considered the first health geographer because he was the first to systematically explore the connection between the environment and human health. He advised physicians to consider local factors like climate, water, and terrain when treating patients. This approach marked a significant move towards an environmental understanding of disease, laying the groundwork for the modern field of health geography.

63. (A) Endemic
The term endemic refers to a disease that is constantly present at a baseline level within a specific geographic area or population. Unlike an epidemic, which involves a sudden spike in cases, an endemic condition is a regular feature of the local health landscape. Understanding which diseases are endemic to a region is crucial for long-term health planning and resource management.

64. (A) 1 and 2 only
The geography of healthcare analyzes the "Inverse Care Law," which suggests that those with the greatest need for medical care often have the least access to it. It also focuses on identifying spatial barriers, such as distance and transportation, that prevent people from reaching medicine. This field examines the distribution of all health resources, including hospitals, clinics, and local pharmacies.

65. (B) Social — Blood Type
Health determinants are classified into several categories. Biological determinants include internal factors like genetics, while environmental determinants involve external factors like pollution. Behavioral determinants refer to personal habits such as smoking. However, a person's blood type is a biological factor, not a social one. Social determinants are related to the conditions of life, such as income, education, and community structures.

66. (A) The social, cultural, and political dimensions of health
Health geography emphasizes the social, cultural, and political dimensions of well-being, moving beyond the traditional medical focus on disease and treatment. It considers how place-based factors influence the overall experience of health and the delivery of care. This broader perspective integrates various humanistic and social science theories to provide a more holistic understanding of health within its geographic context.

67. (C) Qualitative Interviews
Qualitative interviews are the most effective method for understanding how individuals perceive and experience their local environment. This approach allows researchers to gather detailed, subjective information about personal feelings of safety and well-being. Unlike quantitative techniques that rely on objective measurements, qualitative methods provide a nuanced understanding of the human perspective, which is central to the study of place and health.

68. (A) Both A and R are true and R is the correct explanation of A.
Mortality rates are frequently higher in areas with poor environmental sanitation because these conditions facilitate the spread of infectious water-borne diseases. Inadequate waste disposal and lack of clean water increase the risk of illnesses like cholera and dysentery, which can lead to death. This direct link between sanitation and health outcomes underscores the importance of environmental management in health.

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34. (A) 1 and 2 only
In many developing nations, malnutrition remains a critical spatial health concern, often clustered in specific impoverished regions. Additionally, vector-borne diseases such as malaria are frequently endemic due to environmental conditions. Unlike more developed regions, healthcare infrastructure in these countries is often unevenly distributed, with significant gaps in service for rural populations. These geographic challenges require targeted public health strategies.

35. (C) The social and physical characteristics of a location influence health.
The concept of place and health emphasizes that the social and physical characteristics of a specific location directly influence the well-being of its residents. Factors such as local air quality, availability of green spaces, and community social networks all play a role in shaping health outcomes. This perspective suggests that health is not just about individual biology but is deeply contextual.

36. (D) Nearest Neighbor Analysis
Nearest neighbor analysis is a common quantitative method used to identify and analyze the spatial clusters of a disease. By measuring the distance between individual cases, researchers can determine if the distribution is clustered, random, or uniform. This statistical technique is vital for detecting outbreaks and understanding the geographic concentration of health risks. It provides an objective way to measure patterns.

37. (C) P-2, Q-4, R-1, S-3
An endemic disease is one that is constantly present within a specific region. An epidemic occurs when there is a sudden and significant increase in cases within a community. A pandemic involves the spread of a disease across multiple continents. Zoonosis refers to an illness that is transmitted from animals to humans. Each term describes a different scale or nature of spread.

38. (B) Personal genetic mutations
Environmental determinants of health include physical factors such as air quality, water purity, and soil contamination, all of which are external to the individual. In contrast, personal genetic mutations are internal biological factors that are inherited or occur within a person's DNA. While the environment can influence health, these specific genetic changes are generally considered distinct from external environmental influences.

39. (A) Both A and R are true and R is the correct explanation of A.
Remote sensing is a crucial tool for monitoring environmental changes that impact the spread of diseases. Satellite imagery allows researchers to track land use, climate shifts, and water levels, all of which can influence the habitats of disease vectors. By identifying these environmental markers, health geographers can predict potential outbreaks and implement preventive measures. This technology provides high-level surveillance.

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40. (A) The decrease in the utilization of health services as distance from the facility increases
Distance decay is a fundamental concept in health geography describing the relationship between proximity and service use. It suggests that the utilization of healthcare facilities decreases as the distance people must travel to reach them increases. This phenomenon highlights how geographic barriers can limit access to medical care, particularly for remote populations. Understanding this pattern is essential for planning the location of services.

41. (A) 1 and 2 only
Geographic Information Systems enable a multi-layered analysis of the various factors that determine health, including social, environmental, and economic data. These systems are also essential for the real-time tracking of infectious disease outbreaks, providing immediate visual information to health officials. Modern GIS has moved beyond simple paper maps, offering dynamic and interactive digital tools for complex spatial health analysis.

42. (A) John Snow
John Snow is the individual most recognized for his pioneering work in mapping the eighteen fifty-four cholera outbreak in London. By identifying a specific water pump as the source of the infection, he laid the foundations for modern spatial epidemiology. His use of cartography to solve a public health crisis remains one of the

sensing remains an essential environmental surveillance tool.

78. (D) Health disparities between the Global North and Global South
Global health geography focuses on disparities in health outcomes between different parts of the world, particularly the Global North and Global South. It examines how international economic, political, and environmental factors contribute to these inequalities. By analyzing health on a global scale, geographers can help identify systemic causes of poor health in less developed regions and advocate for global fairness.

79. (A) World Health Organization
In the context of international public health, the acronym WHO stands for the World Health Organization. As a specialized agency of the United Nations, it is responsible for directing and coordinating international health work. The WHO plays a critical role in setting global health standards, monitoring disease outbreaks, and supporting countries in improving their health systems and overall population well-being.

80. (A) 1 and 2 only
Morbidity refers to the state of being diseased or unhealthy within a population. It is commonly measured using indicators like prevalence, which is the total number of cases, and incidence, which is the number of new cases. It is important to distinguish morbidity from mortality, which specifically refers to the death rate. Both are essential for understanding the health status of communities.

81. (B) Hierarchical and Expansion
The spatial diffusion of an influenza virus typically follows both hierarchical and expansion patterns. Hierarchical diffusion occurs as the virus moves between major urban centers, while expansion diffusion involves the outward spread from those centers to surrounding local areas. This combination of patterns explains how respiratory illnesses can rapidly travel across countries and then permeate deeply into individual communities during outbreaks.

82. (A) High asthma rates in areas with heavy industrial pollution
High asthma rates in areas with heavy industrial pollution are a classic example of the relationship between place and health. The physical environment of a specific location, including the presence of pollutants in the air, directly impacts the respiratory health of the people living there. This geographic connection demonstrates how local conditions can create significant health risks and lead to spatial disparities.

83. (A) Both A and R are true and R is the correct explanation of A.
In healthcare geography, Geographic Information Systems are used to improve service delivery by identifying areas where people face long travel distances to reach care. By mapping population density and locations of clinics, health planners can find gaps in the system. This spatial analysis allows for more equitable resource allocation, ensuring that medical facilities are placed where they are most needed.

84. (D) The rapid urbanization and environmental changes
Health geography is becoming increasingly important in India due to rapid urbanization and significant environmental changes. These processes create new health challenges, such as the spread of lifestyle diseases in cities and the impact of pollution. By using geographic tools, researchers can better understand these emerging patterns and help develop urban planning and public health policies that promote healthier environments.

85. (C) A single consolidated ASIA-PACIFIC region
The World Health Organization uses specific regional designations such as AFRO for Africa, SEARO for South-East Asia, and EURO for Europe. While it covers the entire world, it does not use a single consolidated Asia-Pacific region for its primary administrative structure. Instead, countries in that part of the world are divided between the South-East Asia and Western Pacific regional offices.

86. (B) Jacques May
Jacques May is the scholar most credited with significantly popularizing the concept of disease ecology. His work emphasized the importance

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resources are most needed. This cartographic approach makes complex data more accessible and helps in planning targeted strategies to improve population well-being.

52. (D) The Biomedical Approach
The ecological approach in health geography, which focuses on the environment-host relationship, is often contrasted with the biomedical approach. The biomedical perspective typically prioritizes individual biological and clinical factors as the primary causes of disease. In contrast, the ecological view considers the broader environmental and social context. This distinction represents two different ways of understanding the origins and spread of illness.

53. (C) P-2, Q-4, R-1, S-3
Accessibility refers to the ease with which people can reach health services, while distribution focuses on the spatial arrangement of these facilities. Morbidity is the term used to describe the prevalence of disease within a population. Mortality refers to the frequency of death. Each of these concepts is fundamental to understanding the geographic patterns of health and the efficiency of systems.

54. (B) A disease spreading outward from an urban center to surrounding suburbs
Expansion diffusion occurs when a disease spreads outward from a central source into the surrounding areas, such as an urban center to its suburbs. Unlike relocation diffusion, where the disease moves to a distant location, expansion diffusion involves a continuous and growing area of infection. This pattern is common in the early stages of an outbreak as it moves through communities.

55. (A) Both A and R are true and R is the correct explanation of A.
India faces significant challenges in rural healthcare access because most specialized medical facilities are concentrated in major urban metropolitan areas. This geographic concentration creates a disparity, as rural populations must often travel long distances to receive advanced treatment. This imbalance in the distribution of health resources is a key concern for public health planners and a major geographic focus.

56. (A) Narrative analysis
Narrative analysis is a qualitative technique that focuses on interpreting personal stories and experiences. It is distinct from quantitative methods like regression analysis or spatial autocorrelation, which use numerical data and statistical models. While buffer analysis in GIS provides a spatial measurement, narrative analysis seeks to understand the deeper meaning behind health and illness. It offers a humanistic perspective in geography.

57. (A) 1 and 3 only
In India, health geography is essential for mapping hotspots of communicable diseases like tuberculosis and understanding the impact of the monsoon on seasonal illness patterns. These geographic insights are vital for the success of initiatives like the National Health Mission. By analyzing the relationship between environment and health, researchers can help develop more effective strategies for disease prevention and management.

58. (A) The global disparities in health outcomes and health systems
Global health geography is concerned with understanding disparities in health outcomes and health systems on a worldwide scale. It examines how factors like international policy, global trade, and migration influence the well-being of populations in different countries. By looking at differences between nations, this field seeks to address global health inequalities and promote more equitable access to medical care.

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59. (D) Predicting the path of an epidemic
Studying disease diffusion is critical for predicting the future path and spread of an epidemic. By understanding how a disease moves through space and time, health authorities can implement early warning systems and plan effective containment strategies. This geographic perspective allows for a proactive rather than reactive response to health crises, potentially saving lives by identifying areas at risk.

60. (B) P-1, Q-2, R-3, S-4
Public health is the science of protecting and improving population health through organized efforts. Epidemiology focuses on studying the distribution and determinants of various health

95. (A) Both A and R are true and R is the correct explanation of A.
Remote sensing can help predict cholera outbreaks by monitoring environmental indicators such as sea surface temperatures and chlorophyll levels. These factors are linked to the presence of the bacteria that cause the disease. By tracking these environmental markers through satellite imagery, researchers can identify areas where conditions are favorable for an outbreak, allowing for early warning systems and proactive public health.

96. (B) Hierarchical Diffusion
Hierarchical diffusion is the term used to describe the spread of a disease from larger urban centers down to smaller towns. This pattern often occurs along transportation and social networks, where cities serve as primary hubs for infection before it permeates more remote areas. Understanding this hierarchical movement is essential for predicting the spatial path of epidemics and for regional health planning.

97. (B) To provide a visual spatial database of health indicators
The main use of a health atlas is to provide a visual and spatial database of various health indicators across different regions. It maps data on disease prevalence, healthcare access, and environmental risks, making complex information easier to understand and analyze. This tool is essential for public health planning, as it allows for the quick identification of geographic disparities and emerging health trends.

98. (A) In-depth interviews with patients about their access to care
In-depth interviews with patients are a primary qualitative data collection technique used to explore personal experiences with health and medical care. This method allows researchers to gather detailed information about how individuals perceive and navigate their health environments. Unlike quantitative measurements, qualitative techniques provide a deep understanding of the social and cultural factors that influence health, which is essential for holistic geography.

99. (C) The host-agent-environment triad
The ecological approach in health geography focuses on the host-agent-environment triad to understand the occurrence and spread of disease. It examines how human populations, pathogens, and their surrounding physical and social environments interact. This perspective emphasizes that health outcomes are the result of complex relationships within an ecosystem, highlighting the importance of environmental context in the study of geographic health patterns.

100. (D) The geographic study of the distribution and determinants of health outcomes
Spatial epidemiology is best described as the geographic study of the distribution and determinants of various health outcomes. It uses mapping and spatial analysis to identify patterns of disease and investigate the environmental and social factors responsible for them. This field provides the evidence needed to target public health interventions effectively and understand geographic variations in health risks across different human populations.

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69. (C) Hospital discharge records
Hospital discharge records are a primary and essential data source for mapping morbidity within a country. These records provide detailed information about the types of illnesses being treated and the geographic locations of the patients. By analyzing this data, health geographers can identify spatial patterns of disease and areas with high rates of specific health conditions, helping to target resources.

70. (A) 1 and 2 only
In many developing countries, rural-to-urban migration significantly impacts the spread of diseases as people move into crowded city environments. Additionally, the lack of access to clean water remains a major determinant of health in these regions. While progress is being made, these nations generally continue to face different health challenges and standards compared to more developed and industrialized countries.

71. (D) Descriptive and analytical
The spatial approach in health geography is primarily descriptive and analytical. It involves describing the distribution of health phenomena across geographic space and analyzing the patterns that emerge. This perspective uses various tools to understand the "where" and "why" of disease and healthcare. It provides a foundational framework for both theoretical research and practical public health planning and intervention strategies.

72. (A) John Snow
John Snow is famous for creating the eighteen fifty-four Broad Street Pump map during a cholera outbreak in London. By cartographically representing the locations of deaths, he was able to trace the source of the infection to a specific water pump. This pioneering work proved that cholera was water-borne and established the value of spatial analysis in solving health problems.

73. (C) P-3, Q-4, R-2, S-1
A buffer is used to determine the area within a specific distance of a location, such as five kilometers from a hospital. Overlay analysis involves combining different maps, like poverty and malaria, to find correlations. Network analysis is used to calculate travel times through transportation systems. Identifying a hotspot means locating geographic clusters where there is a high incidence of disease.

74. (A) They share a common interest in the distribution of disease.
Health geography and epidemiology are closely related disciplines that share a fundamental interest in the distribution of disease across populations. While epidemiology focuses more on the statistical determinants of health states, health geography emphasizes the spatial and environmental context of those states. Together, they provide a comprehensive understanding of where and why diseases occur, which is essential for effective health.

75. (A) Both A and R are true and R is the correct explanation of A.
A health atlas is an indispensable tool for public health planners because it provides a visual summary of complex spatial data. By mapping various health indicators, these atlases allow for the quick identification of regional trends and disparities. This visual representation makes it easier to communicate information to policymakers and the public, supporting evidence-based decisions for health interventions and resource allocation.

76. (B) Climate and weather
Climate and weather are fundamental components of the physical environment that directly impact human health. Extreme temperatures, seasonal changes, and atmospheric conditions can influence the spread of diseases and the well-being of populations. Unlike social or political systems, these are natural physical factors. Understanding how climate affects health is a central part of the ecological approach in geography.

77. (A) 1 and 2 only
Remote sensing is effectively used to map vegetation that might provide habitats for disease-carrying insects and to monitor urban air pollution levels. This technology offers a broad view of environmental factors that affect population health. However, it is not used for medical diagnosis, such as identifying broken bones, which requires internal imaging. Remote

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they face the challenge of providing care for both sets of health issues, putting immense strain on health systems.

26. (A) Focused group interviews
Focused group interviews are a primary qualitative method used to explore the social and cultural dimensions of health. This technique allows researchers to gather detailed information about people's attitudes, beliefs, and lived experiences regarding illness and medical care. Unlike quantitative methods that rely on numerical data and statistical modeling, qualitative approaches provide a deeper understanding of the human perspective in geography.

27. (A) 1 and 2 only
A health atlas serves as a comprehensive collection of maps that visualize health-related data across different regions. It is an essential tool for identifying geographic inequalities in disease prevalence and healthcare access. Furthermore, these atlases are highly effective for monitoring trends over time, allowing researchers to see how health outcomes change. They provide a clear, visual summary for public health planners.

28. (B) Health issues that transcend national boundaries
Global health geography examines health issues and outcomes that cross national borders and affect populations worldwide. It focuses on how globalization, international trade, and migration influence the spread of disease and the equity of health systems. This perspective is vital for addressing transnational challenges like pandemics and climate change. It seeks to understand the interconnections between health and geography globally.

29. (C) The spatial distribution of deaths
Mortality geography is the study of the spatial distribution of deaths within a population. It involves mapping mortality rates to identify regions with higher frequencies of death and investigating the environmental or social factors responsible for these patterns. By analyzing where deaths occur, geographers can uncover significant health disparities and provide evidence for public health interventions aimed at reducing preventable mortality.

30. (D) P-3, Q-4, R-2, S-1
Relocation diffusion occurs when individuals move to new areas, carrying a disease with them. Expansion diffusion involves outward spread from a central source into neighboring regions. Hierarchical diffusion describes the movement of an illness from larger urban centers down to smaller towns. Network diffusion follows established links in social or transportation systems. Each type illustrates a different spatial pattern of spread.

31. (A) Epidemiology
Epidemiology provides the essential statistical framework and methodologies used in health geography to analyze the distribution and frequency of diseases. This discipline focuses on identifying the determinants of health-related states in specific populations. By integrating epidemiological methods with spatial analysis, geographers can more accurately map disease patterns and investigate the environmental causes behind them. This partnership is fundamental.

32. (A) Both A and R are true and R is the correct explanation of A.
Public health and health geography are intrinsically linked because both disciplines focus on improving the well-being of entire populations. They share a common goal of understanding factors that influence health outcomes at a community level. While public health provides intervention strategies, health geography offers the spatial insights necessary to target those interventions effectively to areas most in need of medical assistance.

33. (B) Using spatial theories to solve real-world health access problems
Concept application in health geography involves the use of spatial theories and geographic models to address practical, real-world health problems. This includes analyzing accessibility to medical facilities or predicting the spread of an infectious disease. By applying geographic principles, researchers can develop effective strategies for resource allocation and pandemic management. This approach moves beyond theoretical study into practical application.

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of the relationship between the environment and the occurrence of illness. By focusing on the host-agent-environment triad, he provided a framework for understanding how geography influences health. His contributions were fundamental in establishing this ecological perspective within the field.

87. (D) Designing a spatial model to predict the next outbreak of Dengue
Designing a spatial model to predict the next outbreak of a disease like dengue is a practical application of health geography. This involves analyzing environmental data and past occurrence patterns to identify areas at risk. By using these geographic tools, health authorities can implement preventive measures before outbreaks occur. This proactive approach is essential for modern disease management and public health.

88. (A) Statement I is true, but Statement II is false.
Modern health geography increasingly utilizes big data for disease surveillance and monitoring. This includes analyzing large datasets from social media, mobile phones, and electronic health records to track health trends in real-time. While historical manuscripts can be a source of information for studying the past, the field has evolved to incorporate advanced digital technologies and data sources for current research.

89. (C) The origin of an infectious disease outbreak
The concept of the hearth area is most relevant to studying the geographic origin of an infectious disease outbreak. It identifies the specific location where a disease first emerges before it begins to spread to other regions. Locating this point of origin is essential for understanding the environmental and social conditions that triggered the initial infection and for tracing subsequent diffusion paths.

90. (A) Both A and R are true and R is the correct explanation of A.
Health geography is vital for policy making because it provides evidence-based spatial insights that are essential for effective health intervention. By mapping health issues and resource gaps, geographers help policymakers understand where to direct funding and services. This geographic perspective ensures that health policies are grounded in actual spatial needs, leading to more efficient and equitable outcomes for different populations.

91. (D) Cluster Analysis
Cluster analysis is a primary quantitative method used in health geography to identify and analyze geographic concentrations of disease. This statistical technique helps researchers determine if cases of an illness are grouped together in specific locations more than would be expected by chance. By detecting these clusters, geographers can investigate local environmental or social factors that might be contributing to health problems.

92. (B) John Snow
John Snow's work in the nineteenth century, specifically his mapping of the cholera outbreak in London, is considered a major milestone in the history of health geography. His use of spatial analysis to identify the cause of a disease demonstrated the power of geographic methods in solving medical problems. This achievement laid the foundation for modern epidemiology and the geographic study of health.

93. (D) 1990s
The formal distinction between medical geography and health geography emerged prominently during the nineteen nineties. This shift reflected a growing interest in incorporating social, cultural, and political dimensions into the study of well-being, moving beyond a strictly biomedical focus on disease. This evolution led to more holistic and humanistic approaches to understanding health within its geographic and social contexts worldwide.

94. (D) Lifestyle factors
Lifestyle factors, such as diet, exercise, and smoking habits, are key determinants in morbidity geography. These personal behaviors significantly influence the prevalence of chronic diseases within a population and vary across different geographic regions. By mapping these factors alongside illness patterns, geographers can better understand the social and behavioral drivers of health and develop more effective public health programs and interventions.

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most famous examples of geographic health analysis.

43. (D) To identify geographic clusters of disease
A primary objective of spatial epidemiology is to identify and analyze geographic clusters of disease. By mapping where health events occur, researchers can uncover patterns that may point to underlying environmental or social causes. This field focuses on the distribution and determinants of health states across different locations. It provides evidence needed to target interventions and improve population health outcomes.

44. (B) Qualitative Approach
The qualitative approach in health geography focuses on understanding the lived experience of health and illness from the perspective of the individual. This method uses techniques like interviews and personal narratives to explore social and cultural factors that shape health. Unlike quantitative methods that prioritize numerical data, qualitative research provides deep insights into how people perceive and navigate their health environments.

45. (B) Both A and R are true but R is not the correct explanation of A.
Medical geography traditionally focused on the biological and clinical aspects of disease. In contrast, health geography emerged as a broader field that incorporates the social, cultural, and political dimensions of well-being. While they are related, health geography places a greater emphasis on the holistic experience of being healthy within a specific place. Both disciplines contribute to our understanding of health.

46. (D) Pathogens, hosts, and environmental conditions
Disease ecology is the study of the complex interactions between pathogens, their hosts, and the surrounding environmental conditions. This field examines how these factors come together to facilitate the transmission and persistence of illness. By understanding the ecological context of a disease, researchers can develop more effective prevention strategies. This approach emphasizes the biological and environmental foundations of health.

47. (A) 1 and 2 only
The hearth area refers to the specific geographic region where an infectious disease is endemic or where it first emerges before spreading to other locations. It is the core zone of origin for an outbreak. Identifying this area is essential for understanding the environmental factors that allowed the disease to develop initially. It is not limited to any specific geographic terrain.

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48. (B) Contaminated water sources
In the study of water-borne diseases, contaminated water sources represent the primary environmental linkage. Pathogens like bacteria or parasites thrive in untreated or polluted water, leading to illness when consumed by human populations. Identifying these contaminated sources through geographic analysis is a critical step in preventing outbreaks. This relationship highlights the direct impact of the physical environment on public health.

49. (B) Conditions in which people are born, grow, live, and work
Social determinants of health are the various conditions in which people are born, grow, live, and work. These factors, such as socioeconomic status, education, and physical environment, have a significant influence on health outcomes. They represent the non-biological drivers of well-being and are a core focus of health geography. Addressing these determinants is essential for reducing health inequalities.

50. (A) 3-2-1-4
A logical GIS health study begins with the identification of a specific health problem. This is followed by the collection of both health and spatial data relevant to the issue. Once the data is gathered, researchers perform analysis and visualization to identify patterns and clusters. Finally, the findings are used to develop policy recommendations for public health interventions and resource allocation.

51. (C) Visualizing spatial health risks for better intervention
The main objective of disease mapping is to provide a clear visualization of spatial health risks to facilitate better public health interventions. By mapping the occurrence of illness, health officials can identify hotspots and areas where

CHAPTER 09
Geographical Factors and Human Health

1. Which of the following is considered a primary physical factor affecting human health in a geographical context?
(A) Average literacy rate
(B) Prevailing climatic conditions
(C) Per capita income levels
(D) Caste-based social hierarchy

2. Consider the following statements and select the correct option from the choices given below:
Statement I: Climate influences the geographical distribution of specific disease vectors.
Statement II: Human health outcomes are entirely independent of seasonal variations in rainfall.
(A) Statement I is correct, but Statement II is incorrect
(B) Statement I is incorrect, but Statement II is correct
(C) Both Statement I and Statement II are correct
(D) Both Statement I and Statement II are incorrect

3. Which physiological condition is most directly associated with prolonged exposure to extreme environmental heat?
(A) Hypothermia
(B) Goiter
(C) Heat stress
(D) Fluorosis

4. Identify the INCORRECT pair regarding environmental factors and health:
(A) High Humidity – Persistent respiratory discomfort
(B) Low Temperature – Significant body heat loss
(C) High Rainfall – Rapid pathogen transmission
(D) High Altitude – Increased oxygen saturation

5. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): Vector-borne diseases like malaria often show a sharp increase following heavy rainfall.
Reason (R): Stagnant water resulting from rainfall provides ideal breeding grounds for mosquitoes.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Which symptom is a characteristic manifestation of acute mountain sickness encountered at high altitudes?
(A) Excessive sweating
(B) Nausea and dizziness
(C) Strengthening of bone density
(D) Immediate reduction in heart rate

7. What is a primary physiological adaptation observed in populations living permanently at high altitudes?
(A) Decrease in erythrocyte counts
(B) Reduction in chest cavity size
(C) Decreased pulmonary ventilation
(D) Increased hemoglobin levels

8. Consider the following statements regarding soil-transmitted diseases:
I. They are often caused by helminths (parasitic worms).
II. Transmission occurs through contact with soil contaminated with infected feces.
III. These diseases are strictly limited to arid desert soils.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

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(A) Anemia
(B) Scurvy
(C) Rickets
(D) Cholera

88. Consider the following statements:
I. Population density affects the speed of an epidemic.
II. Caste-based access to health is a form of social-spatial inequality.
III. Economic factors have no role in the prevalence of communicable diseases.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

89. Which of the following is NOT an impact of urbanization on health?
(A) Rise in sedentary lifestyle habits
(B) Industrial pollutant exposure risk
(C) Elimination of all infectious diseases
(D) Overcrowded mental health stress

90. Match the items in List I with those in List II and select the correct option using the codes provided:
List I: (Social/Economic Factor)
P. Literacy
Q. Economy
R. Social Structure
S. Urbanization
List II: (Variable)
1. Years of schooling
2. Per capita income
3. Caste-based access
4. Population density
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-3, R-4, S-1
(C) P-4, Q-1, R-2, S-3
(D) P-3, Q-4, R-1, S-2

91. What is the primary health concern for agricultural workers regarding chemical use?
(A) Excessive fertilizer inhalation
(B) High altitude sickness in plains
(C) Hard water consumption
(D) Chronic pesticide exposure

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92. Consider the following statements and select the correct option from the choices given below:
Statement I: Wind patterns can transport pathogens like those causing Q-fever or Legionnaires' disease.
Statement II: Airborne diseases are completely independent of local wind speed.
(A) Statement I is correct, but Statement II is incorrect
(B) Statement I is incorrect, but Statement II is correct
(C) Both Statement I and Statement II are correct
(D) Both Statement I and Statement II are incorrect

93. Which of the following is the most appropriate reason for the spatial variation in health indicators across Indian states?
(A) Earth's magnetic field changes
(B) Distance from lunar surfaces
(C) Socio-economic disparities
(D) Healthcare spending uniformity

94. Identify the correct pair:
(A) Mining – Arsenicosis
(B) Coastal areas – Fluorosis
(C) Desert areas – Mountain Sickness
(D) Himalayan Foothills – Goiter

95. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): Per capita income and health indicators like life expectancy are often positively correlated.
Reason (R): Higher income allows for better nutrition, housing, and access to medical services.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

96. What geographical factor is primarily responsible for "Blackfoot disease" in certain populations?
(A) High altitude zones
(B) Arsenic-contaminated water
(C) Fluoride-rich waters

III. Urban living completely eliminates the risk of lifestyle diseases.

Which of the statements given above are correct?

(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

19. High population density is most directly associated with the rapid transmission of which type of diseases?

(A) Genetic disorders
(B) Nutritional deficiency diseases
(C) Communicable diseases
(D) Degenerative bone diseases

20. Match the items in List I with those in List II and select the correct option using the codes provided:

List I: (Social/Economic Factor)

P. High Literacy
Q. High Population Density
R. Gender Inequality
S. Low Per Capita Income

List II: (Health Impact/Pattern)

1. Rapid spread of infections
2. Improved health awareness
3. High disease burden/Poverty
4. Disparity in female health access

(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

21. Spatial patterns in India reveal that states with higher female literacy rates generally exhibit:

(A) Higher infant mortality rates
(B) Lower life expectancy
(C) Lower maternal mortality rates
(D) Higher birth rates

22. Consider the following statements and select the correct option from the choices given below:

Statement I: Caste-based spatial segregation can influence access to clean drinking water and healthcare facilities.

Statement II: Social factors like caste have no impact on the health outcomes of rural populations.

(A) Statement I is correct, but Statement II is incorrect
(B) Statement I is incorrect, but Statement II is correct
(C) Both Statement I and Statement II are correct
(D) Both Statement I and Statement II are incorrect

23. Which of the following is a primary economic indicator used to study spatial variations in health outcomes?

(A) Soil pH value
(B) Wind velocity
(C) Vegetation type
(D) Per capita income

24. Identify the INCORRECT statement: Poverty distribution is often spatially correlated with:

(A) High per capita health spending
(B) High prevalence of undernutrition
(C) Lack of access to specialized care
(D) Higher risk of infectious diseases

25. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:

Assertion (A): Occupational geography helps in identifying clusters of specific health hazards.

Reason (R): Certain geographical regions are dominated by specific industries like mining or intensive agriculture.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

26. Agricultural workers in regions of intensive farming are most at risk of health hazards from:

(A) Pesticide exposure
(B) Coal dust inhalation
(C) Ionizing radiation
(D) Deep-sea pressure

27. Which health condition is most commonly associated with the occupational geography of mining regions?

(A) Dental fluorosis issues
(B) Iodine deficiency belts
(C) Acute malaria clusters
(D) Silicosis

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28. Consider the following statements regarding air pollution:
I. It is a major environmental factor affecting respiratory health.
II. Its impact is uniform across both rural and highly industrialized urban zones.
III. High concentrations of particulate matter (PM) are linked to cardiovascular diseases.
Which of the statements given above are correct?
(A) I and II only
(B) I and III only
(C) II and III only
(D) I, II, and III

29. Which of the following is an example of a waterborne disease influenced by rainfall patterns?
(A) Scurvy
(B) Diabetes
(C) Cholera
(D) Hypertension

30. Match the items in List I with those in List II and select the correct option using the codes provided:
List I: (Geographical Factor)
P. Soil Iodine Deficiency
Q. Excess Fluoride in Water
R. High Altitude
S. Stagnant Rainfall Water
List II: (Specific Health Condition)
1. Fluorosis
2. Goiter
3. Malaria
4. Hypoxia
(A) P-2, Q-1, R-4, S-3
(B) P-3, Q-4, R-1, S-2
(C) P-4, Q-3, R-2, S-1
(D) P-1, Q-2, R-4, S-3

31. In the context of India, the "Goiter Belt" is primarily located in:
(A) Himalayan regions
(B) The Deccan Plateau
(C) Western Thar Desert
(D) Kerala coastal zone

32. What is the most appropriate description of the relationship between humidity and respiratory conditions?
(A) Improvement of asthmatic symptoms
(B) Mold growth and respiratory distress
(C) Negligible effect on lung capacity
(D) Exclusive cause of bacterial fever

33. Which of the following states is significantly affected by Arsenic contamination in its groundwater?
(A) Tamil Nadu
(B) Bihar
(C) Gujarat
(D) Punjab

34. Identify the correct pair of state and its prominent health-geographical issue:
(A) Andhra Pradesh – Fluorosis
(B) Rajasthan – Iodine Excess
(C) West Bengal – Hypothermia
(D) Uttar Pradesh – Sea-level sickness

35. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): Urbanization often leads to an "urban heat island" effect.
Reason (R): Concrete structures and lack of vegetation in cities trap heat, affecting human thermal comfort.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

36. Which of the following is a negative health impact specifically associated with high population density in urban slums?
(A) Increased availability of open green spaces
(B) Lowered noise pollution levels
(C) Elimination of vector breeding sites
(D) Rapid spread of tuberculosis

37. Literacy as a social factor affects health primarily by:
(A) Altering regional genetic profiles
(B) Reducing environmental temperature
(C) Utilizing health information
(D) Increasing seasonal rainfall levels

38. Consider the following statements regarding the economic factors of health:

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I. Wealthier states tend to have better healthcare infrastructure.
II. Per capita income is inversely related to infant mortality in most geographical regions.
III. Poverty is a spatial driver of communicable diseases.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

39. Which of the following is NOT a physical factor affecting health?
(A) Regional climate
(B) Local soil type
(C) Average rainfall
(D) Occupations

40. Match the items in List I with those in List II and select the correct option using the codes provided:
List I: (Pollutant/Factor)
P. Pesticides
Q. Arsenic
R. Fluoride
S. Particulate Matter
List II: (Source/Context)
1. Agricultural Workers
2. Bengal Delta Groundwater
3. Arid Groundwater (Rajasthan)
4. Industrial Air Pollution
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-3, R-4, S-1
(C) P-4, Q-1, R-2, S-3
(D) P-3, Q-4, R-1, S-2

41. High altitude adaptation involves an increase in the number of:
(A) White Blood Cells
(B) Platelets
(C) Red Blood Cells
(D) Nerve cells

42. Consider the following statements and select the correct option from the choices given below:
Statement I: Forested regions may have a higher prevalence of certain allergens like pollen.
Statement II: Vegetation has no role in determining the local microclimate or health.
(A) Statement I is correct, but Statement II is incorrect
(B) Statement I is incorrect, but Statement II is correct
(C) Both Statement I and Statement II are correct
(D) Both Statement I and Statement II are incorrect

43. Which of the following geographical areas is most likely to report cases of heat stress?
(A) Cold mountain peaks
(B) Humid coastal areas
(C) Shaded rainforests
(D) Tropical arid plains

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44. Identify the INCORRECT pair regarding health geography:
(A) Hard Water – High mineral content
(B) Goiter – Fluoride excess
(C) Mining – Respiratory hazards
(D) Malaria – Rainfall peaks

45. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): Gender inequality leads to spatial variations in nutritional status.
Reason (R): In many geographical contexts, women and girls have less access to food and healthcare within the household.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

46. Which of the following is a common soil-transmitted disease?
(A) Acute common cold
(B) Type 2 diabetes
(C) Migraine headaches
(D) Hookworms

47. The relationship between per capita income and health indicators is generally:
(A) Positive correlation
(B) Random distribution
(C) Negative correlation
(D) No existing link

9. Which essential trace element's deficiency in soil is primarily responsible for the occurrence of endemic goiter?
(A) Fluoride
(B) Arsenic
(C) Iodine
(D) Calcium

10. Match the items in List I with those in List II and select the correct option using the codes provided:
List I: (Contamination/Deficiency)
P. Arsenic Contamination
Q. Fluoride Contamination
R. Goiter Belt
S. High Hypothermia Risk
List II: (Region/State)
1. Himalayan Foothills
2. West Bengal
3. Rajasthan
4. High Altitude Regions
(A) P-2, Q-3, R-1, S-4
(B) P-3, Q-2, R-4, S-1
(C) P-1, Q-4, R-3, S-2
(D) P-4, Q-1, R-2, S-3

11. The geographical distribution of Fluorosis in India is most prominently observed in which of the following states?
(A) Kerala
(B) Meghalaya
(C) Jammu and Kashmir
(D) Rajasthan

12. Arrange the following states in descending order of their historical vulnerability to Arsenic contamination in groundwater:
1. West Bengal
2. Bihar
3. Uttar Pradesh
(A) 1-2-3
(B) 3-2-1
(C) 2-1-3
(D) 1-3-2

13. Which health condition is specifically linked to the long-term consumption of water with high fluoride content?
(A) Iron deficiency anemia
(B) Minamata disease
(C) Skeletal deformities
(D) Scurvy

14. Identify the correct statement regarding water hardness and health:
(A) Soft water is characterized by high concentrations of iodine.
(B) Consumption of hard water is the sole cause of cholera.
(C) Soft water is always preferred over hard water for preventing cardiovascular health.
(D) Hard water contains high levels of dissolved calcium and magnesium.

15. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): Wind patterns play a significant role in the spatial spread of certain respiratory infections.
Reason (R): Airborne pathogens can be transported over distances by prevailing air currents.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. At which time of the year do vector-borne diseases like Dengue usually peak in the Indian subcontinent?
(A) Mid-summer months
(B) Post-monsoon period
(C) Cold winter season
(D) Early spring phase

17. Which component of vegetation is a major geographical factor contributing to seasonal allergic rhinitis?
(A) Leaf chlorophyll
(B) Pollen grains
(C) Tree bark density
(D) Root depth

18. Consider the following statements regarding urbanization and health:
I. Urbanization often leads to increased population density.
II. Rapid urbanization can result in the proliferation of slums with poor sanitation.

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I. Air pollution can be exacerbated by temperature inversions.
II. Proximity to industrial hubs increases the risk of respiratory diseases.
III. Soil composition only affects health through direct ingestion of dirt.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

59. Which condition results from the body losing heat faster than it can produce it?
(A) Hyperthermia
(B) Fluorosis
(C) Goiter
(D) Hypothermia

60. Arrange the following in the correct sequence of how a waterborne disease spreads during a flood:
1. Contamination of water sources by sewage.
2. Excessive rainfall and flooding.
3. Outbreak of diseases like cholera.
4. Consumption of contaminated water by the population.
(A) 2-1-4-3
(B) 1-2-3-4
(C) 4-3-2-1
(D) 2-4-1-3

61. Which of the following is a primary airborne disease influenced by wind patterns?
(A) Typhoid fever
(B) Dysentery
(C) Tuberculosis
(D) Hookworm

62. Consider the following statements and select the correct option from the choices given below:
Statement I: Spatial patterns of literacy often reflect the health outcomes of a region.
Statement II: Gender inequality is a non-spatial factor that does not vary by region.
(A) Statement I is correct, but Statement II is incorrect
(B) Statement I is incorrect, but Statement II is correct
(C) Both Statement I and Statement II are correct
(D) Both Statement I and Statement II are incorrect

63. Which geographical factor is responsible for the prevalence of pollen-related allergies?
(A) Local vegetation
(B) Soil minerals
(C) Groundwater depth
(D) Distance from the sea

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64. Identify the INCORRECT pair:
(A) Arsenic – Blackfoot disease
(B) Hard water – Hypothermia
(C) Fluoride – Skeletal fluorosis
(D) Iodine – Goiter

65. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): Mining regions often show a high prevalence of occupational lung diseases.
Reason (R): Inhalation of mineral dust like silica and coal dust is common in mining activities.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

66. What is the primary reason for arsenic contamination in the Bengal basin?
(A) Leaching from sediments
(B) Industrial waste dumping
(C) Excess fertilizer usage
(D) Acid rain pollutants

67. Which of the following best defines "Physiological Adaptation" to altitude?
(A) Immediate fainting at high peaks
(B) Psychological mountain preference
(C) Bodily changes to low oxygen
(D) Use of portable oxygen cylinders

68. Consider the following statements:
I. Per capita income is a measure of the economic strength of a region.
II. Poverty distribution is unrelated to the spatial burden of malaria.
III. Economic factors influence the affordability of clean water and sanitation.

Which of the statements given above are correct?
(A) I and III only
(B) I and II only
(C) II and III only
(D) I, II, and III

69. Which of the following is a symptom of dental fluorosis?
(A) Swelling of the thyroid gland
(B) Bleeding gums due to Vitamin C deficiency
(C) Mottling and discoloration of teeth
(D) Loss of vision in low light

70. Match the items in List I with those in List II and select the correct option using the codes provided:
List I: (Climatic Factor)
P. Rainfall
Q. Temperature
R. Humidity
S. Wind
List II: (Impact)
1. Heat stress
2. Vector breeding
3. Pathogen dispersal
4. Respiratory comfort
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

71. Which social factor is most likely to cause spatial variation in maternal health services?
(A) Soil fertility
(B) Rainfall amount
(C) Type of forest cover
(D) Gender inequality

72. Consider the following statements and select the correct option from the choices given below:
Statement I: High population density in urban areas can lead to faster transmission of viral infections.
Statement II: Urbanization always leads to a decrease in the incidence of lifestyle diseases.
(A) Statement I is correct, but Statement II is incorrect
(B) Statement I is incorrect, but Statement II is correct
(C) Both Statement I and Statement II are correct
(D) Both Statement I and Statement II are incorrect

73. Which mineral's presence in soil directly influences the nutritional value of crops and subsequent human health?
(A) Gold
(B) Silver
(C) Iodine
(D) Granite

74. Identify the correct pair of a vector-borne disease and its seasonal peak:
(A) Dengue – Post-monsoon peak
(B) Malaria – Peak summer peak
(C) Influenza – Mid-monsoon peak
(D) Cholera – Peak winter peak

75. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): People living in the Himalayan region are traditionally more prone to Goiter.
Reason (R): The soils in mountainous regions are often deficient in iodine due to leaching by rain and snow.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

76. Which environmental factor is primarily responsible for the distribution of soil-transmitted helminths?
(A) Local wind speed
(B) Soil moisture and heat
(C) Mountainous altitude
(D) Seasonal cloud cover

77. In India, fluoride contamination in groundwater is a major problem in which state?
(A) Kerala
(B) Sikkim
(C) Andhra Pradesh
(D) Goa

78. Consider the following statements regarding water quality:
I. Hard water contains high amounts of

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calcium.
II. Arsenic contamination is mostly found in the Himalayan foothills.
III. Fluoride in small amounts is beneficial for teeth, but excess is harmful.
Which of the statements given above are correct?
(A) I and III only
(B) II and III only
(C) I and II only
(D) I, II, and III

79. Which of the following is a direct health impact of air pollution in industrial regions?
(A) Asthma and bronchitis
(B) Endemic goiter
(C) Dental fluorosis
(D) Hookworm disease

80. Match the items in List I with those in List II and select the correct option using the codes provided:
List I: (Hazard)
P. Silicosis
Q. Pesticide Toxicity
R. Arsenicosis
S. Mountain Sickness
List II: (Region/Source)
1. Mining regions
2. Intensive agricultural zones
3. Bengal/Bihar plains
4. High altitude peaks
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

81. Which factor explains why certain diseases are limited to specific geographical latitudes?
(A) National health policies
(B) Climatic needs of vectors
(C) Regional literacy levels
(D) Political border limits

82. Consider the following statements and select the correct option from the choices given below:
Statement I: Occupational geography focuses on health risks associated with specific types of work in specific places.
Statement II: Mining workers are at high risk of developing skeletal fluorosis from air pollution.
(A) Statement I is correct, but Statement II is incorrect
(B) Statement I is incorrect, but Statement II is correct
(C) Both Statement I and Statement II are correct
(D) Both Statement I and Statement II are incorrect

83. Which of the following is a common physiological change during altitude adaptation?
(A) Decreased lung air capacity
(B) Reduced mitochondrial counts
(C) Increased muscle capillaries
(D) Slowed cellular metabolism

84. Identify the INCORRECT statement:
(A) Heavy rainfall can leach essential nutrients from the soil.
(B) Arsenic contamination is a significant risk in groundwater.
(C) Urbanization is associated with various stress-related health issues.
(D) High humidity is generally beneficial for patients with respiratory diseases.

85. Read the following assertion (A) and reason (R) and select the correct option from the choices given below:
Assertion (A): Literacy is a significant determinant of the spatial pattern of health outcomes.
Reason (R): Literate individuals are generally more aware of hygiene, nutrition, and immunization.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

86. Which of the following is a geographical factor contributing to the spread of "pollen allergy"?
(A) Depth of regional water table
(B) Local vegetation density
(C) Specific rock type formation
(D) Soil fluoride concentrations

87. Which disease is most likely to increase in prevalence due to poor drainage during heavy rainfall?

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48. Consider the following statements regarding seasonal variation and disease:
I. Malaria peaks often coincide with the end of the monsoon.
II. Winter months in North India see a rise in respiratory ailments due to smog.
III. Disease cycles are unaffected by the Earth's revolution around the sun.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

49. Which factor is most responsible for the spread of airborne diseases like influenza?
(A) Soil pH
(B) Wind and air movement
(C) Water hardness
(D) Mineral composition of rocks

50. Match the items in List I with those in List II and select the correct option using the codes provided:
List I: (State)
P. West Bengal
Q. Andhra Pradesh
R. Himachal Pradesh
S. Chhattisgarh
List II: (Specific Health Challenge)
1. Arsenic in water
2. Fluorosis
3. Goiter belt
4. Mining-related hazards
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

51. Mountain sickness is primarily caused by:
(A) Excessive carbon dioxide at high altitudes
(B) Increased atmospheric pressure
(C) Reduced partial pressure of oxygen
(D) High humidity levels in mountains

52. Consider the following statements and select the correct option from the choices given below:
Statement I: Soft water is relatively low in calcium and magnesium.
Statement II: Water quality is a significant geographical factor in determining public health.
(A) Both Statement I and Statement II are correct
(B) Statement I is correct, but Statement II is incorrect
(C) Statement I is incorrect, but Statement II is correct
(D) Both Statement I and Statement II are incorrect

53. Which of the following is NOT an occupational health hazard typically associated with mining?
(A) Dust-related lung diseases
(B) Physical cave-in injuries
(C) Increased vitamin D synthesis
(D) Heavy metal toxicity risks

54. Which of the following statements regarding social factors and health is correct?
(A) Literacy levels are uniform across all geographical regions in India.
(B) Higher literacy is generally associated with better regional health awareness.
(C) High population density has no impact on the spread of viral infections.
(D) Social factors like caste have ceased to influence access to healthcare.

55. Which of the following best describes the "Goiter Belt"?
(A) Areas with excessive soil iodine
(B) Regions of fluoride-rich waters
(C) Zones of high fish consumption
(D) Iodine-deficient soil leaching

56. What is the effect of high humidity on human thermoregulation?
(A) Hindered sweat evaporation
(B) Accelerated sweat evaporation
(C) Complete cessation of sweating
(D) Neutral effect on temperature

57. Which occupational group is most likely to suffer from chronic pesticide poisoning?
(A) Software engineers
(B) Mining engineers
(C) Agricultural laborers
(D) High-altitude trekkers

58. Consider the following statements regarding environmental factors:

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(D) Iodine-deficient soil

97. Which of the following is a physical adaptation to heat?
(A) Shivering
(B) Increased sweat production
(C) Thickening of the skin
(D) Reduced blood flow to the skin

98. Consider the following statements:
I. Soil-transmitted diseases are often caused by poor sanitation in rural areas.
II. Fluorosis affects both teeth and bones.
III. Rainfall has no impact on the prevalence of malaria.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

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99. Which of the following is a direct result of gender inequality in the context of geographical health?
(A) Higher goiter rates in men
(B) Female immunity to infections
(C) Malnutrition among women
(D) Equal access to health services

100. Which environmental factor is a major cause of respiratory distress in densely populated, landlocked cities during winter?
(A) High humidity levels
(B) Soil iodine deficiency
(C) Excessive rainfall amounts
(D) Trapped air pollutants

the rapid transmission of communicable diseases. While urban areas offer better access to healthcare, they do not eliminate lifestyle diseases; in fact, sedentary urban lifestyles often increase the risk of developing such chronic conditions.

19. (C) Communicable diseases
High population density in urban centers or crowded settlements creates an environment conducive to the rapid spread of communicable diseases. Pathogens can easily move between individuals through air, water, or direct contact. This spatial factor is a critical determinant of how quickly epidemics or outbreaks of respiratory and waterborne illnesses propagate through a community in a geographical context.

20. (A) P-2, Q-1, R-4, S-3
Literacy improves health awareness and helps individuals utilize health services. High population density is linked to the rapid spread of infectious diseases due to increased contact. Gender inequality often results in disparities in healthcare access for women, while low per capita income is a primary driver of high disease burden and poverty, influencing regional health outcomes significantly.

21. (C) Lower maternal mortality rates
Spatial patterns in India consistently show that states with higher female literacy rates experience lower maternal mortality. Education empowers women with knowledge about prenatal care, nutrition, and institutional delivery. This social factor plays a transformative role in improving health, as literate mothers are more likely to seek timely medical intervention for themselves and their children during pregnancy.

22. (A) Statement I is correct, but Statement II is incorrect
Caste-based spatial segregation in rural areas can severely restrict access to essential resources like clean drinking water and healthcare facilities. These social barriers create profound inequalities in health outcomes, as marginalized groups may be forced to use contaminated water sources. Social factors thus significantly influence the health status and disease vulnerability of rural populations across the Indian subcontinent.

23. (D) Per capita income
Per capita income is a fundamental economic indicator used to analyze spatial variations in health outcomes. It reflects the average financial capacity of individuals within a region to afford nutritious food, clean water, and medical care. Higher income levels are generally correlated with better health infrastructure and improved life expectancy, making it a key metric in modern health geography.

24. (A) High per capita health spending
Poverty is spatially correlated with a high prevalence of undernutrition, infectious diseases, and a lack of access to specialized medical care. However, regions with high poverty levels typically exhibit low per capita health spending, both by individuals and local governments. Inadequate financial resources act as a barrier to high health expenditure, contributing to poorer health outcomes.

25. (A) Both A and R are true and R is the correct explanation of A.
Occupational geography identifies clusters of health hazards by linking specific industries to the regions where they are concentrated. For example, mining areas often show high rates of respiratory diseases, while intensive agricultural zones may face chemical exposure. The dominance of a particular industry in a region directly dictates the prevalent occupational health risks for its resident working population.

26. (A) Pesticide exposure
Agricultural workers in regions characterized by intensive farming are at a significant risk of health issues stemming from chronic pesticide exposure. These chemicals, used to protect crops, can enter the body through inhalation or skin contact. Long-term exposure is linked to various respiratory, neurological, and dermatological conditions, representing a major occupational hazard within rural agricultural geographical contexts.

27. (D) Silicosis
Silicosis is a chronic lung disease caused by the inhalation of crystalline silica dust, which is common in mining, quarrying, and tunneling operations. The occupational geography of mining regions is often characterized by clusters

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local crops and drinking water. This geographical deficiency is the primary cause of endemic goiter, characterized by the enlargement of the thyroid gland in populations residing in these deficient zones.

10. (A) P-2, Q-3, R-1, S-4
Arsenic contamination is documented in the groundwater of West Bengal. Fluoride contamination is a major health issue in the arid regions of Rajasthan. The Himalayan foothills are known as a goiter belt due to iodine-deficient soil, while high-altitude regions pose a risk of hypothermia. These matches illustrate how specific health challenges are tied to geography.

11. (D) Rajasthan
Fluorosis is caused by the excessive intake of fluoride, primarily through groundwater in specific geological terrains. In India, Rajasthan is one of the most severely affected states due to high fluoride levels in its semi-arid aquifers. Long-term consumption leads to dental and skeletal issues, representing a major public health challenge linked to the region's unique groundwater chemistry.

12. (A) 1-2-3
Data on groundwater arsenic contamination identifies West Bengal as the most severely affected state. Bihar follows with significant clusters, and Uttar Pradesh also reports substantial contamination. The spatial distribution follows the geological path of the river basin, where arsenic is leached from sediments into the water. This reflects a descending order of vulnerability across these three Indian states.

13. (C) Skeletal deformities
Consuming water with high fluoride concentrations over an extended period leads to fluoride accumulation in the bones. This results in skeletal fluorosis, which is characterized by severe pain, stiffness in joints, and permanent skeletal deformities. Unlike dental fluorosis, which affects tooth enamel, skeletal fluorosis significantly impairs physical mobility and the overall quality of life for the affected individuals.

14. (D) Hard water contains high levels of dissolved calcium and magnesium.
Water hardness is determined by the concentration of dissolved multivalent metallic cations, primarily calcium and magnesium. These minerals are naturally present in water that has percolated through deposits of limestone or chalk. While hard water is generally safe to drink, its high mineral content distinguishes it from soft water, which contains much lower concentrations of these specific elements.

15. (A) Both A and R are true and R is the correct explanation of A.
Wind patterns are a significant geographical factor in the dispersal of airborne pathogens. Air currents can transport bacteria, viruses, and fungal spores over considerable distances, facilitating the spread of respiratory infections across different regions. Understanding local and regional wind movements is therefore crucial for tracking and predicting the spatial transmission of diseases like influenza, pneumonia, or tuberculosis.

16. (B) Post-monsoon period
Dengue fever typically peaks during the post-monsoon period in India when stagnant water from the rains provides abundant breeding sites for Aedes mosquitoes. The warm and humid conditions following the monsoon favor the rapid growth and survival of these vectors. This seasonal pattern leads to a sharp rise in infection cases during the late autumn months annually.

17. (B) Pollen grains
Pollen grains are a major geographical factor contributing to seasonal allergic rhinitis. Local vegetation releases these tiny grains into the air during specific flowering seasons. When inhaled by sensitive individuals, pollen triggers allergic reactions, leading to various respiratory symptoms. The spatial distribution of allergenic plants determines the regional prevalence and severity of these common seasonal allergies across India.

18. (A) I and II only
Urbanization significantly alters the health landscape by increasing population density and often leading to the growth of slums with inadequate sanitation. These conditions facilitate

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particularly tuberculosis. In these environments, pathogens can easily spread through the air in poorly ventilated spaces. The lack of adequate sanitation and clean water further compounds the health risks, making slums hotspots for various communicable diseases in a modern urban context.

37. (C) Utilizing health information
Literacy is a powerful social factor that influences health by enabling individuals to access, understand, and utilize health information. Literate people are better equipped to follow medical advice, understand nutritional requirements, and practice good hygiene. This leads to improved health-seeking behavior and better overall health outcomes for the community, as education bridges the gap between healthcare and use.

38. (D) I, II, and III
Wealthier regions generally possess superior healthcare infrastructure and services. Economic indicators like per capita income show an inverse relationship with infant mortality, as higher income allows for better nutrition and medical care. Conversely, poverty acts as a spatial driver for communicable diseases, as poor living conditions and limited resources facilitate the spread of infections across disadvantaged geographical areas.

39. (D) Occupations
Physical factors in health geography include natural environmental elements such as climate, soil type, and rainfall. These factors exist independently of human social structures. In contrast, occupations are socio-economic factors that describe human activities and labor. While occupations significantly influence health through specific hazards, they are classified as human or economic factors rather than physical environmental factors.

40. (A) P-1, Q-2, R-3, S-4
Pesticides are a major concern for agricultural workers due to frequent handling. Arsenic is a notorious contaminant in the groundwater of the Bengal delta. Fluoride is frequently found in high concentrations in the groundwater of arid regions like Rajasthan. Particulate matter is a primary component of industrial air pollution, affecting the respiratory health of many urban populations.

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41. (C) Red Blood Cells
Adapting to the low oxygen environment of high altitudes involves the body increasing its production of red blood cells. This process, known as polycythemia, increases the hemoglobin concentration in the blood. With more red blood cells, the body can more efficiently capture and transport the limited oxygen available in the thin mountain air to the tissues and vital organs.

42. (A) Statement I is correct, but Statement II is incorrect
Forested regions are significant sources of natural allergens, especially pollen, which can cause respiratory issues for many individuals. Contrary to the second statement, vegetation plays a vital role in determining local microclimates and human health. It influences temperature, humidity, and air quality, and provides various ecosystem services that directly and indirectly impact the well-being of local human populations.

43. (D) Tropical arid plains
Heat stress is most likely to occur in tropical arid plains where high temperatures and intense solar radiation are common. In these regions, the ambient heat can exceed the human body's ability to cool itself through sweating, especially during the summer. These geographical conditions create a high risk for heat-related illnesses like heat exhaustion and heatstroke among residents.

44. (B) Goiter – Fluoride excess
Goiter is primarily caused by a deficiency of iodine in the diet and soil, not an excess of fluoride. Fluoride excess is specifically linked to dental and skeletal fluorosis. The other pairs are correct: hard water is characterized by high mineral content, mining is associated with respiratory hazards like silicosis, and malaria outbreaks often coincide with seasonal rainfall peaks.

45. (A) Both A and R are true and R is the correct explanation of A.
Gender inequality often results in spatial and household variations in nutritional status. In many cultural and geographical contexts, social norms may dictate that women and girls have less

of workers suffering from this condition. It involves irreversible scarring of the lung tissue, leading to severe respiratory impairment and an increased risk of infections.

28. (B) I and III only
Air pollution is a critical environmental factor affecting respiratory and cardiovascular health. High concentrations of particulate matter are scientifically linked to heart disease and lung ailments. Its impact is not uniform, as industrialized urban zones generally experience much higher pollution levels compared to rural areas. Local geography and industrial activity determine the spatial variation in regional pollution intensity.

29. (C) Cholera
Cholera is a quintessential waterborne disease whose spread is heavily influenced by rainfall patterns. Heavy rains can cause flooding and sewage overflow, leading to the contamination of drinking water sources with Vibrio cholerae bacteria. This environmental link explains why cholera outbreaks are often seasonal and frequently occur following monsoon events or significant floods in vulnerable geographical regions.

30. (A) P-2, Q-1, R-4, S-3
Soil iodine deficiency is the geographical cause of endemic goiter. Excess fluoride in groundwater leads to the development of fluorosis. High altitude environments result in hypoxia due to low oxygen levels. Stagnant water from rainfall creates breeding grounds for mosquitoes, directly contributing to the spread of malaria. These connections highlight the fundamental link between the environment and health.

31. (A) Himalayan regions
The "Goiter Belt" in India is primarily located in the Himalayan and sub-Himalayan regions. The soils in these mountainous areas are notoriously deficient in iodine, as it is often leached away by heavy rains and melting snow. Consequently, the local food and water provide insufficient iodine, leading to high rates of endemic goiter among the resident populations.

32. (B) Mold growth and respiratory distress
High humidity promotes the growth of mold, mildew, and dust mites, which are common triggers for respiratory distress and allergic reactions. In humid environments, individuals with asthma or chronic bronchitis often experience worsened symptoms. Humidity also affects the body's ability to cool itself, which can further compound the physical discomfort experienced by those with existing lung conditions.

33. (B) Bihar
Bihar is one of the states in the middle Ganga plain significantly affected by arsenic contamination in its groundwater. This naturally occurring arsenic is leached from the river sediments into the aquifers. Long-term consumption of this contaminated water leads to various health issues, including skin lesions and an increased risk of cancer, making it a critical public health issue.

34. (A) Andhra Pradesh – Fluorosis
Andhra Pradesh is well-known in health geography for its significant challenges with groundwater fluoride contamination, leading to widespread dental and skeletal fluorosis. Other states like Rajasthan are also associated with fluoride. West Bengal is primarily linked with arsenic issues, and landlocked states like Uttar Pradesh do not face sea-level sickness. This pair accurately represents a major regional health challenge.

35. (A) Both A and R are true and R is the correct explanation of A.
Urbanization creates "urban heat islands" where cities experience significantly higher temperatures than surrounding rural areas. This occurs because concrete and asphalt absorb and retain heat, while a lack of vegetation reduces cooling through evapotranspiration. This phenomenon directly affects human thermal comfort and can exacerbate heat-related health issues among urban populations, especially during intense summer heatwaves in cities.

36. (D) Rapid spread of tuberculosis
High population density and overcrowded living conditions in urban slums facilitate the rapid transmission of infectious diseases,

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element, leading to health issues like goiter and developmental delays. This geographical link between soil chemistry and human health is a classic study area.

74. (A) Dengue – Post-monsoon peak
Dengue fever is well-known for its post-monsoon peak in many tropical regions. The abundance of stagnant water left behind by the rains provides perfect breeding grounds for the Aedes mosquito. As the vector population explodes, the incidence of dengue cases rises sharply. This seasonal pattern is a key consideration for public health planning and vector control in affected geographical areas.

75. (A) Both A and R are true and R is the correct explanation of A.
The Himalayan region is a well-known goiter belt because its mountainous soils are often deficient in iodine. Heavy rainfall and melting snow leach iodine from the topsoil, leaving the local vegetation and water sources with very low concentrations of this mineral. This natural environmental deficiency is the direct cause of the high prevalence of endemic goiter in these highlands.

76. (B) Soil moisture and heat
The distribution of soil-transmitted helminths, such as hookworms, is primarily determined by soil moisture and temperature. These parasitic worms require warm and moist soil conditions to hatch and survive in their larval stage. Regions with high humidity and consistent warmth are therefore hotspots for these infections, especially where sanitation is poor and people frequently walk barefoot.

77. (C) Andhra Pradesh
In India, Andhra Pradesh is one of the states most significantly affected by fluoride contamination in groundwater. The local geology contains fluoride-bearing minerals that leach into the aquifers over time. Long-term consumption of this water has led to widespread dental and skeletal fluorosis among the rural population, making it a priority area for water treatment and health intervention.

78. (A) I and III only
Hard water is characterized by its high calcium and magnesium content. While small amounts of fluoride are beneficial for preventing dental caries, excessive intake is harmful and causes fluorosis. Arsenic contamination is primarily found in the floodplains of the Ganga and Brahmaputra rivers, particularly in West Bengal and Bihar, rather than being concentrated exclusively in the Himalayan foothills.

79. (A) Asthma and bronchitis
Air pollution in industrial regions, characterized by high levels of sulfur dioxide and particulate matter, is a direct cause of respiratory diseases like asthma and bronchitis. These pollutants irritate the airways and can cause chronic inflammation and reduced lung function. This health impact is a major concern as it links industrial land use directly to the medical well-being of communities.

80. (A) P-1, Q-2, R-3, S-4
Silicosis is a major occupational health hazard in mining regions due to the inhalation of silica dust. Pesticide toxicity is prevalent in intensive agricultural zones where chemical use is high. Arsenicosis is a significant issue in the Bengal and Bihar plains due to contaminated groundwater. Mountain sickness is a characteristic health challenge encountered by individuals ascending to high altitude peaks.

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81. (B) Climatic needs of vectors
Many infectious diseases are limited to specific geographical latitudes because the vectors that transmit them, such as mosquitoes, have specific climatic requirements. Factors like temperature and humidity, which vary with latitude, determine where these vectors can survive and reproduce. For example, tropical diseases like malaria are confined to warmer latitudes that support the year-round activity of the vector.

82. (A) Statement I is correct, but Statement II is incorrect
Occupational geography is dedicated to studying how specific types of work in different locations create unique health risks. However, mining workers are primarily at risk for respiratory diseases like silicosis from inhaling dust, rather than skeletal fluorosis from air pollution. Skeletal

access to quality food and healthcare compared to men. This discrimination leads to higher rates of malnutrition and anemia among females, demonstrating how social structures can directly influence health outcomes.

46. (D) Hookworms
Hookworms are a common type of soil-transmitted helminth. The larvae live in soil contaminated by human feces and can infect people by penetrating the skin, usually through bare feet. This disease is prevalent in warm, moist climates with poor sanitation. Unlike genetic or lifestyle diseases, its transmission is directly tied to environmental conditions and human interaction with the soil.

47. (A) Positive correlation
There is generally a positive correlation between per capita income and health indicators such as life expectancy and nutritional status. Higher income levels provide individuals and communities with better access to essential resources, including nutritious food, clean water, and professional medical services. This economic advantage translates into lower mortality rates and a higher overall quality of life.

48. (A) I and II only
Malaria cases often peak at the end of the monsoon when stagnant water facilitates mosquito breeding. In North India, winter months see increased respiratory issues as cold air traps pollutants, forming smog. Disease cycles are indeed affected by the Earth's revolution, as it drives the seasonal changes in weather and environment that influence pathogen and vector survival annually.

49. (B) Wind and air movement
Wind and air movement are the primary factors responsible for the spatial spread of airborne diseases like influenza and tuberculosis. Pathogens contained in respiratory droplets can be carried by air currents over various distances. The direction and speed of the wind determine how these infectious agents are dispersed through a community, making air circulation a key geographical health concern.

50. (A) P-1, Q-2, R-3, S-4
West Bengal faces significant challenges with arsenic contamination in its groundwater. Andhra Pradesh is a major region for fluoride-related health issues. Himachal Pradesh, being in the Himalayas, is part of the traditional goiter belt due to iodine-deficient soils. Chhattisgarh, with its extensive mining industry, deals with various occupational health hazards associated with mineral extraction and processing activities.

51. (C) Reduced partial pressure of oxygen
Mountain sickness is caused by the body's inability to adjust to the lower partial pressure of oxygen found at high altitudes. As atmospheric pressure decreases with elevation, the amount of oxygen available in each breath also declines. This leads to hypoxia, where the body's tissues do not receive enough oxygen, resulting in symptoms like headache, nausea, and shortness of breath.

52. (A) Both Statement I and Statement II are correct
Soft water is defined by its relatively low concentrations of calcium and magnesium ions. Water quality is a critical geographical factor because it directly impacts public health through the presence of essential minerals or harmful contaminants. The chemical composition of local water sources determines the prevalence of various conditions, ranging from cardiovascular health influences to mineral deficiency or toxicity diseases.

53. (C) Increased vitamin D synthesis
Mining is associated with severe occupational hazards, including dust-related lung diseases like silicosis, physical injuries from cave-ins, and risks of heavy metal toxicity. Increased vitamin D synthesis is not a hazard; in fact, underground miners often suffer from vitamin D deficiency due to a lack of exposure to sunlight. This highlights the unique health challenges faced by miners.

54. (B) Higher literacy is generally associated with better regional health awareness.
Literacy is a key social determinant that enhances health awareness and promotes better hygiene and nutrition. While literacy rates vary geographically, regions with higher education levels typically show improved public health metrics. High population density does facilitate the spread of infections, and social factors like

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caste continue to influence healthcare access in many regions, contradicting the other provided options.

55. (D) Iodine-deficient soil leaching
The "Goiter Belt" refers to geographical regions where the soil is severely deficient in iodine, often due to leaching caused by heavy rainfall, glaciation, or flooding. This deficiency carries over to the crops and water consumed by the local population. Without sufficient dietary iodine, the thyroid gland enlarges to compensate, leading to high rates of endemic goiter.

56. (A) Hindered sweat evaporation
High humidity hinders the evaporation of sweat from the skin, which is the body's primary mechanism for cooling itself. When the air is already saturated with moisture, sweat cannot evaporate efficiently, leading to increased heat discomfort and a higher risk of heat-related illnesses. This physiological challenge makes hot and humid climates particularly taxing on the human thermoregulatory system.

57. (C) Agricultural laborers
Agricultural laborers are the group most likely to suffer from chronic pesticide poisoning due to their direct and frequent involvement in spraying and handling these chemicals. Lack of protective equipment and proper training in many regions increases their vulnerability. Long-term exposure can lead to serious health issues, making pesticide toxicity a significant occupational concern in intensive agricultural geographical regions.

58. (A) I and II only
Air pollution is often worsened by temperature inversions, which trap pollutants near the ground. Proximity to industrial hubs significantly increases the risk of respiratory diseases due to higher emission levels. Soil composition affects health through multiple pathways, including the nutritional quality of food grown in it and the contamination of groundwater, not just through direct ingestion of dirt.

59. (D) Hypothermia
Hypothermia is a medical emergency that occurs when the body loses heat faster than it can produce it, causing a dangerously low body temperature. This condition is a significant risk in cold climates, high-altitude regions, or during exposure to cold water. If the core temperature drops too low, it can lead to heart and respiratory system failure and death.

60. (A) 2-1-4-3
The spread of waterborne diseases during a flood typically follows a specific sequence. First, excessive rainfall leads to flooding, which then causes the contamination of water sources by sewage and pathogens. The local population subsequently consumes this contaminated water, leading to an outbreak of diseases like cholera. This sequence illustrates how environmental disasters can trigger significant public health crises.

61. (C) Tuberculosis
Tuberculosis is a primary airborne disease caused by bacteria that spread through the air when an infected person coughs or sneezes. Wind patterns and air movement play a crucial role in dispersing these bacteria within a community. In contrast, typhoid and dysentery are primarily waterborne, while hookworm is soil-transmitted, making tuberculosis the most relevant example influenced by air currents.

62. (A) Statement I is correct, but Statement II is incorrect
Spatial patterns of literacy are strong predictors of a region's health outcomes, as education influences health-seeking behavior and hygiene. However, gender inequality is very much a spatial factor; its intensity and impact vary significantly across different regions and cultures. Geographical variations in gender norms directly lead to regional differences in women's access to health services and overall nutritional status.

63. (A) Local vegetation
The prevalence of pollen-related allergies is directly determined by the type and density of local vegetation. Different plants release pollen at different times of the year, creating seasonal spikes in allergic reactions. The geographical distribution of these allergenic species defines the regions where such health issues are most common, illustrating the direct link between the natural flora and health.

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64. (B) Hard water – Hypothermia
Hard water is characterized by high mineral content and is not related to hypothermia, which is a condition caused by the loss of body heat in cold environments. The other pairs are accurate: arsenic is the cause of Blackfoot disease, excessive fluoride leads to skeletal fluorosis, and iodine deficiency is the primary cause of endemic goiter in specific regions.

65. (A) Both A and R are true and R is the correct explanation of A.
Mining regions exhibit a high prevalence of occupational lung diseases because workers frequently inhale fine mineral dust. Particles such as silica and coal dust are common byproducts of mining activities. Once inhaled, these particles can cause permanent damage and scarring to the lung tissue, leading to chronic conditions like silicosis, representing a major regional health hazard for workers.

66. (A) Leaching from sediments
Arsenic contamination in the Bengal basin is primarily a natural geological phenomenon. Arsenic is leached from the Holocene sediments of the Ganga-Brahmaputra river system into the groundwater. This process is influenced by the chemical environment of the aquifers. The resulting high arsenic levels in well water pose a severe long-term health risk to millions living in this deltaic region.

67. (C) Bodily changes to low oxygen
Physiological adaptation to altitude refers to the internal biological changes the human body undergoes to survive in low-oxygen environments. This includes increasing the production of red blood cells to transport more oxygen and improving the efficiency of oxygen utilization in the muscles. These changes allow individuals to live and function at high elevations where the air is thinner.

68. (A) I and III only
Per capita income is a standard measure of a region's economic strength and its capacity to support health services. Economic factors are crucial because they influence the affordability of clean water, sanitation, and medical care. Contrary to the second statement, poverty is very much related to the spatial burden of malaria, as impoverished areas often lack vector control resources.

69. (C) Mottling and discoloration of teeth
Dental fluorosis is a condition caused by the excessive intake of fluoride during the years when teeth are developing. It manifests as the mottling, staining, and discoloration of tooth enamel. In severe cases, the teeth may even develop physical pits. This condition is a common geographical health marker in regions with high natural fluoride levels in the drinking water.

70. (A) P-2, Q-1, R-4, S-3
Rainfall patterns are critical for vector breeding, particularly for mosquitoes. High temperatures can lead to heat stress and related illnesses. Humidity significantly affects human respiratory comfort and thermal regulation. Wind acts as a medium for pathogen dispersal, carrying infectious agents through the air across different areas. These factors collectively illustrate the deep impact of climate on regional health patterns.

71. (D) Gender inequality
Gender inequality is a major social factor that causes spatial variation in maternal health services. In regions where women have lower social status, they often face significant barriers in accessing prenatal care and institutional delivery services. This leads to higher maternal mortality rates. Unlike physical factors, these social disparities are rooted in the cultural and economic structures of society.

72. (A) Statement I is correct, but Statement II is incorrect
High population density in urban areas creates frequent human contact, which facilitates the rapid transmission of viral and bacterial infections. However, urbanization does not lead to a decrease in lifestyle diseases; rather, it is often associated with an increase. Sedentary habits, processed diets, and urban stress contribute to higher rates of obesity, diabetes, and cardiovascular issues in cities.

73. (C) Iodine
Iodine is a vital mineral whose presence in the soil directly impacts the nutritional value of the crops grown there. If the soil is iodine-deficient, the local diet will likely be low in this essential

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ANSWERS

1. (B) Prevailing climatic conditions
Climate is a fundamental physical factor in health geography, influencing the survival and distribution of disease vectors like mosquitoes. It directly affects human physiological comfort through temperature and humidity. Variations in climate patterns contribute to seasonal disease outbreaks and define the geographical limits of various infectious and non-communicable health conditions across different regions.

2. (A) Statement I is correct, but Statement II is incorrect
Climate dictates the geographical reach of disease vectors such as mosquitoes and ticks, as they require specific temperature and moisture levels to survive. Seasonal rainfall patterns significantly influence water availability for vector breeding. Therefore, health outcomes are deeply linked to seasonal variations, contradicting the idea that they are entirely independent of rainfall or climate.

3. (C) Heat stress
Prolonged exposure to extreme environmental heat leads to physiological strain known as heat stress, which can result in exhaustion or heatstroke. The body struggles to maintain its core temperature when ambient heat exceeds its cooling capacity. This condition is particularly prevalent in tropical arid regions during peak summer months, representing a significant climate-related health risk.

4. (D) High Altitude – Increased oxygen saturation
High altitude environments are characterized by lower atmospheric pressure and a reduced partial pressure of oxygen. This leads to decreased oxygen saturation in the blood, rather than an increase. To compensate, the human body undergoes physiological adaptations, such as increasing red blood cell production over time to improve oxygen transport to vital organs and tissues.

5. (A) Both A and R are true and R is the correct explanation of A.
Heavy rainfall creates stagnant water pools, which serve as essential breeding sites for Anopheles mosquitoes, the primary vectors of malaria. The resulting increase in the mosquito population directly leads to a higher transmission rate of the disease among human populations. This seasonal peak is a classic example of how environmental geography influences the timing of diseases.

6. (B) Nausea and dizziness
Acute mountain sickness occurs when the body fails to adapt quickly to the low oxygen levels found at high altitudes. Symptoms such as nausea, dizziness, headaches, and fatigue are common manifestations of this condition. These physiological responses reflect the brain and body reacting to hypoxia, which is the lack of an adequate oxygen supply for metabolism.

7. (D) Increased hemoglobin levels
Populations living permanently at high altitudes develop physiological adaptations to manage low oxygen availability. A primary response is the increase in hemoglobin levels and red blood cell counts, which enhances the blood's capacity to transport oxygen. This allows the body to maintain essential functions despite the lower partial pressure of oxygen found in mountainous geographical regions.

8. (A) I and II only
Soil-transmitted diseases, often caused by parasitic helminths like hookworms, spread through contact with soil contaminated by infected human feces. These conditions are prevalent in areas with poor sanitation and warm, moist soil. They are not strictly limited to arid desert soils, as moisture is generally necessary for the survival and development of the parasitic larvae.

9. (C) Iodine
Iodine is an essential trace element required for the synthesis of thyroid hormones. A deficiency of iodine in the soil leads to low iodine levels in

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fluorosis is typically caused by the ingestion of high-fluoride groundwater, which is a different regional health issue.

83. (C) Increased muscle capillaries
A common physiological change during altitude adaptation is the increase in the density of capillaries in the muscles. This adaptation helps improve the delivery of oxygen to the muscle cells, compensating for the lower oxygen levels in the blood at high elevations. This change, along with increased red blood cell counts, allows the body to maintain physical activity despite hypoxia.

84. (D) High humidity is generally beneficial for patients with respiratory diseases.
High humidity is generally not beneficial for respiratory patients; it often exacerbates symptoms by promoting the growth of allergens like mold and dust mites. Other statements are correct: heavy rainfall can leach soil nutrients, arsenic is a major risk in some groundwater, and urbanization is linked to stress. Understanding these environmental relationships is essential for assessing regional health risks accurately.

85. (A) Both A and R are true and R is the correct explanation of A.
Literacy is a fundamental determinant of health patterns because it empowers people with knowledge about hygiene, nutrition, and the importance of immunization. Literate populations are more likely to adopt healthy lifestyles and seek medical help early. This link explains why regions with higher literacy levels often show better health indicators, such as lower infant mortality and higher life expectancy.

86. (B) Local vegetation density
The density and type of local vegetation are the primary geographical factors contributing to pollen allergies. Areas with high concentrations of wind-pollinated plants experience higher levels of airborne pollen during flowering seasons. This environmental factor directly impacts the prevalence of hay fever and other allergic respiratory conditions in the local population, illustrating the close relationship between nature and health.

87. (D) Cholera
Cholera is highly likely to increase in prevalence during heavy rainfall if drainage systems are poor. Flooding can cause sewage to mix with drinking water sources, leading to rapid contamination. The resulting consumption of water containing Vibrio cholerae bacteria can trigger widespread outbreaks. This environmental health link highlights the importance of infrastructure and sanitation in preventing waterborne epidemics during monsoon rains.

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88. (A) I and II only
Population density is a critical factor in how quickly an epidemic spreads through a community. Social-spatial inequalities, such as caste-based access to health resources, significantly influence health outcomes for different groups. However, economic factors play a major role in the prevalence of communicable diseases, as poverty often limits access to clean water, sanitation, and timely professional medical treatment.

89. (C) Elimination of all infectious diseases
Urbanization does not eliminate all infectious diseases; in fact, it can facilitate the spread of many due to high population density and poor sanitation in slums. While it does lead to lifestyle changes and exposure to industrial pollutants, it also creates new environments for certain pathogens to thrive. The concentration of people in cities necessitates complex public health strategies.

90. (A) P-1, Q-2, R-3, S-4
Literacy is often measured by the years of schooling completed by individuals. Economic status is frequently represented by per capita income levels. Social structure includes factors like caste-based access to resources and services. Urbanization is characterized by high population density. Each of these variables acts as a determinant in the spatial distribution of health and disease within populations.

91. (D) Chronic pesticide exposure
The primary health concern for agricultural workers is chronic pesticide exposure, which results from the long-term handling and application of these chemicals. Pesticides can accumulate in the body and are linked to various chronic illnesses, including cancers and neurological disorders. This occupational hazard is a major focus of health geography in regions

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

9. Which of the following is NOT a direct health impact associated with deforestation?
(A) Expansion of habitats for malaria-carrying mosquitoes.
(B) Increased risk of zoonotic disease spillover.
(C) Direct reduction in stratospheric ozone thickness.
(D) Loss of medicinal plant biodiversity used in traditional medicine.

10. Which greenhouse gas is primarily responsible for the enhanced greenhouse effect leading to modern climate change?
(A) Carbon dioxide
(B) Atmospheric argon
(C) Molecular nitrogen
(D) Elemental helium

11. Match the items in List I with the corresponding items in List II and select the correct option using the codes given below:
List I: (Pollutant)
P. Nitrogen Oxides
Q. Particulate Matter
R. Heavy Metals
S. Methane
List II: (Primary Source)
1. Landfills and livestock
2. Vehicular combustion
3. Construction sites
4. Industrial mining
(A) P-2, Q-3, R-4, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-1, R-2, S-3

12. How does climate change influence the spread of Dengue fever?
(A) By significantly decreasing the humidity levels required for adult mosquito survival.
(B) By accelerating the viral incubation period in mosquitoes due to heat.
(C) By increasing the salt concentrations in coastal waters where vectors normally breed.
(D) By drastically reducing the effective flight range of the Aedes aegypti mosquito.

13. What term is used to describe the physiological state where the body cannot cool itself sufficiently during extreme heat?
(A) Hypothermia
(B) Hypoxia
(C) Hyperthermia
(D) Hypercapnia

14. During a prolonged heatwave, an elderly person presents with dry skin, a body temperature of 105°F, and confusion. What is the most likely diagnosis?
(A) Heat cramps
(B) Heat syncope
(C) Heat exhaustion
(D) Heat stroke

15. Which aspect of food security is most directly threatened by unpredictable rainfall patterns and droughts?
(A) Food availability
(B) Food utilization
(C) Food pricing policy
(D) International trade regulations

16. Consider the following health impacts of natural disasters:
1. Mental health disorders like PTSD.
2. Nutritional deficiencies due to food supply disruption.
3. Physical injuries and disabilities.
Which of these are commonly observed in the aftermath of major earthquakes?
(A) 1 and 3 only
(B) 2 and 3 only
(C) 1 and 2 only
(D) 1, 2, and 3

17. Which of the following pairs is INCORRECTLY matched regarding disaster classification?
(A) Earthquake — Geophysical
(B) Landslide — Hydro-meteorological
(C) Cyclone — Hydro-meteorological
(D) Epidemic — Biological

18. Consider the following statements and select the correct option:

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CHAPTER 10

Environmental Degradation and Natural Disasters

1. Which of the following best defines environmental degradation?
(A) The enhancement of ecosystem services for industrial expansion.
(B) The depletion of resources and destruction of ecosystems.
(C) The natural cycle of seasonal changes in atmospheric pressure.
(D) The administrative management of forest reserves by the state.

2. What is the primary aerodynamic diameter limit for particles classified as PM2.5?
(A) Less than 2.5 micrometers
(B) Between 2.5 and 10 micrometers
(C) Exactly 25 micrometers
(D) Greater than 25 micrometers

3. Consider the following statements and select the correct option:
Statement I: Sulfur dioxide is a primary contributor to the formation of acid rain.
Statement II: High concentrations of carbon monoxide can reduce the oxygen-carrying capacity of blood.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

4. Consider the following sources of water pollution:
1. Industrial effluents containing heavy metals.
2. Agricultural runoff with pesticide residues.
3. Domestic sewage discharge.

Which of the above are considered anthropogenic sources?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

5. Which of the following statements regarding indoor air pollution in rural India is INCORRECT?
(A) It is primarily caused by the combustion of biomass fuels like wood and dung.
(B) Women and children are disproportionately affected due to proximity to cooking areas.
(C) Ventilation improvements have no impact on reducing respiratory illness.
(D) It is a significant risk factor for chronic obstructive pulmonary disease (COPD).

6. A community experiences a sudden outbreak of a disease characterized by rice-water stools after a flood. Which waterborne pathogen is the most likely cause?
(A) Hepatitis A virus
(B) Vibrio cholerae
(C) Salmonella typhi
(D) Plasmodium falciparum

7. Which of the following pairs of pollutant and health impact is correctly matched?
(A) Lead — Skeletal fluorosis
(B) Mercury — Methaemoglobinaemia
(C) Nitrate — Minamata disease
(D) Cadmium — Itai-Itai disease

8. The following question consists of two statements — Assertion (A) and Reason (R). Select the correct answer using the codes given below:
Assertion (A): Chronic exposure to high noise levels can lead to hypertension and cardiovascular stress.
Reason (R): Noise pollution triggers the release of stress hormones like adrenaline and cortisol.

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dominated by intensive chemical-based farming practices and limited protection.

92. (A) Statement I is correct, but Statement II is incorrect
Wind patterns are essential for the transport of various pathogens, including those causing Q-fever or Legionnaires' disease. These agents can be carried by air currents from their source to human populations. Contrary to the second statement, airborne diseases are highly dependent on local wind speed and direction, which determine the distance and path of pathogen dispersal, influencing infection risk.

93. (C) Socio-economic disparities
The spatial variation in health indicators across Indian states is primarily driven by socio-economic disparities. Differences in literacy, income, and healthcare infrastructure create a diverse health landscape. While physical geography plays a role, the uneven distribution of resources and varying levels of social development are the most significant factors explaining why health outcomes differ drastically from one state to another.

94. (D) Himalayan Foothills – Goiter
The Himalayan foothills are a recognized goiter belt due to the natural iodine deficiency in the soil and water. Other pairs are incorrect: mining is primarily associated with silicosis, not arsenicosis; coastal areas generally do not have a higher risk of fluorosis compared to inland arid regions; and mountain sickness is a high-altitude condition, not one found in desert plains.

95. (A) Both A and R are true and R is the correct explanation of A.
There is a strong positive correlation between per capita income and health indicators like life expectancy. Higher income provides the financial means for individuals to afford better nutrition, safer housing, and access to advanced medical services. This economic foundation supports overall well-being and reduces mortality risk, explaining the spatial patterns of health observed across different economic regions globally.

96. (B) Arsenic-contaminated water
Blackfoot disease is a severe peripheral vascular condition specifically linked to the long-term consumption of arsenic-contaminated water. It was documented in populations using deep artesian wells containing high arsenic levels. The disease leads to gangrene of the extremities, particularly the feet. This condition serves as a stark example of how local groundwater chemistry can have devastating effects on human health.

97. (B) Increased sweat production
A primary physical adaptation to heat is increased sweat production. Sweat evaporates from the skin's surface, removing heat from the body and helping to maintain a stable core temperature. This process is essential for thermoregulation in hot environments. Over time, individuals living in such climates develop a more efficient sweating response, allowing them to better tolerate high ambient temperatures naturally.

98. (A) I and II only
Soil-transmitted diseases are frequently linked to poor sanitation in rural areas where human waste contaminates the ground. Fluorosis is a condition that can affect both dental health and skeletal structure depending on the severity of exposure. Rainfall has a significant impact on malaria, as it creates the stagnant water pools necessary for the breeding of mosquito disease vectors.

99. (C) Malnutrition among women
Malnutrition among women is a direct consequence of gender inequality in many geographical and social contexts. When women and girls are prioritized less in household food distribution or have limited access to healthcare, their nutritional and physical health suffers. This disparity is a key focus for health geographers, as it highlights how social power dynamics create uneven health outcomes.

100. (D) Trapped air pollutants
In landlocked cities during winter, temperature inversions often trap air pollutants close to the ground, leading to severe respiratory distress. Without sea breezes or strong winds to disperse the smoke and particulate matter, the air quality deteriorates significantly. This geographical and climatic phenomenon creates hazardous conditions for individuals with asthma and other lung ailments, representing a major seasonal health challenge.

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Statement I: Displacement caused by natural disasters often leads to overcrowding in relief camps.
Statement II: Overcrowding in camps is a major risk factor for the rapid spread of communicable diseases.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

19. In the context of disaster management, what does the 'Recovery' phase involve?
(A) Implementing strict building codes to prevent future structural damage.
(B) Conducting regular mock drills to train citizens for emergency response.
(C) Restoring basic services and rebuilding infrastructure post-disaster.
(D) Coordinating immediate search and rescue operations during the active event.

20. The following question consists of two statements — Assertion (A) and Reason (R). Select the correct answer using the codes given below:
Assertion (A): The Sendai Framework emphasizes the reduction of disaster risk rather than just disaster management.
Reason (R): It aims to prevent new risks and reduce existing risks through integrated measures.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

21. Which organization serves as the apex body for disaster management in India?
(A) NITI Aayog (National Institution for Transforming India)
(B) Central Pollution Control Board (CPCB)
(C) National Disaster Management Authority (NDMA)
(D) Indian Meteorological Department (IMD)

22. Arrange the following phases of the Disaster Management Cycle in the correct logical sequence starting from the occurrence of a disaster:
1. Recovery
2. Response
3. Mitigation
4. Preparedness
(A) 2-1-3-4
(B) 4-3-2-1
(C) 2-1-4-3
(D) 3-4-2-1

23. Which of the following is a primary objective of Disaster Risk Reduction (DRR)?
(A) Maximizing industrial output and economic stability during emergencies.
(B) Eliminating the occurrence of all natural hazards through engineering.
(C) Focusing exclusively on providing post-disaster financial compensation.
(D) Minimizing vulnerabilities and disaster risks throughout a society.

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24. Which of the following is NOT a common consequence of prolonged drought on public health?
(A) Increased malaria incidence due to stagnant water in reservoirs.
(B) Acute malnutrition caused by widespread crop failure and food shortages.
(C) Chronic mental health stress among vulnerable farming communities.
(D) Severe dehydration resulting from the scarcity of safe potable water.

25. Match the items in List I with the corresponding items in List II and select the correct option using the codes given below:
List I: (Disaster Type)
P. Floods
Q. Earthquakes
R. Heatwaves
S. Cold waves
List II: (Key Health Impact)
1. Crush injuries and fractures
2. Waterborne disease outbreaks
3. Hypothermia and frostbite
4. Dehydration and organ failure
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3

(B) To represent the nation at international Sendai Framework conferences.
(C) To conduct advanced research on space-based disaster monitoring systems.
(D) To draft and pass comprehensive international environmental laws.

67. Which of the following pollutants is a major component of photochemical smog?
(A) Atmospheric carbon dioxide
(B) Elemental particulate lead
(C) Ground-level ozone
(D) Radioactive radon gas

68. Which of the following is an exception to the category of "Natural Disasters"?
(A) Tropical cyclone
(B) Tectonic earthquake
(C) Mountain landslide
(D) Industrial gas leak

69. Consider the following statements and select the correct option:
Statement I: Climate change can exacerbate mental health issues due to trauma from extreme weather events.
Statement II: Eco-anxiety is a recognized psychological impact related to the threat of environmental degradation.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

70. Which of the following is a characteristic of 'Displacement' in the context of disasters?
(A) It is always a voluntary choice made by local residents.
(B) It is the forced movement of people due to hazards.
(C) It only happens in technologically developed countries.
(D) It has no impact on the socio-economic status of people.

71. Which of the following is the most appropriate action during the 'Response' phase of a flood?
(A) Constructing a new dam.
(B) Planting trees along the riverbank.
(C) Writing a post-disaster evaluation report.
(D) Evacuating people to high-ground shelters.

72. What is the health impact of high concentrations of Fluoride in drinking water?
(A) Dental and skeletal fluorosis
(B) Chronic Minamata disease
(C) Painful Itai-itai disease
(D) Fatal blue baby syndrome

73. Which of the following is a direct health consequence of deforestation?
(A) Increase in biodiversity.
(B) Reduction in the spread of infectious diseases.
(C) Disruption of local rainfall and increased heat stress.
(D) Increase in the availability of medicinal herbs.

74. Which type of natural disaster is most likely to cause "crush syndrome" among survivors?
(A) Earthquake
(B) Drought
(C) Heatwave
(D) Cold wave

75. Which organization provides the weather forecasts and warnings for cyclones in India?
(A) National Informatics Centre (NIC)
(B) Geological Survey of India (GSI)
(C) Central Water Commission (CWC)
(D) India Meteorological Department (IMD)

76. Which of the following is a primary source of indoor air pollution in urban India?
(A) Heavy agricultural runoff.
(B) Tobacco smoke and furniture VOCs.
(C) Airborne volcanic ash.
(D) Corrosive marine salt spray.

77. What is the focus of the "Build Back Better" principle in disaster management?
(A) To rebuild the exact same structures that were previously destroyed.
(B) To ignore previous building codes during the reconstruction phase.
(C) To integrate risk reduction measures into restoration.
(D) To build only in geographic areas that are highly prone to disasters.

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36. The following question consists of two statements — Assertion (A) and Reason (R). Select the correct answer using the codes given below:
Assertion (A): Displacement due to natural disasters often leads to a rise in "Refugee Health" challenges.
Reason (R): Displaced populations often lack access to clean water, sanitation, and primary healthcare.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

37. Which of the following is a biological disaster?
(A) Deep-sea tsunami
(B) Mountain avalanche
(C) Pandemic outbreak
(D) Sudden flash flood

38. Which type of pollution is specifically linked to "Blue Baby Syndrome"?
(A) Persistent lead pollution in the urban air.
(B) Nitrate pollution in groundwater sources.
(C) High mercury pollution in deep-sea fish.
(D) Cadmium pollution in agricultural soil.

39. What is the primary purpose of 'Mitigation' in the disaster management cycle?
(A) To provide immediate food aid to affected individuals.
(B) To count the number of casualties following an event.
(C) To organize international press conferences for media.
(D) To reduce the long-term risk and impact of disasters.

40. Match the items in List I with the corresponding items in List II and select the correct option using the codes given below:
List I: (Environmental Issue)
P. PM2.5
Q. Heavy Metals
R. Deforestation
S. Climate Change
List II: (Associated Health Impact)
1. Increased vector habitat
2. Respiratory and cardiac diseases
3. Heat-related mortality
4. Neurological damage
(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

41. Which of the following factors contributes to the vulnerability of urban India to heatwaves?
(A) High density of green cover
(B) Extensive use of pervious pavements
(C) The Urban Heat Island effect
(D) Low population density

42. Which disease is transmitted through the feco-oral route and is a common waterborne threat post-flooding?
(A) Typhoid
(B) Malaria
(C) Tuberculosis
(D) Asthma

43. In the context of disaster management, what does 'Preparedness' involve?
(A) Rebuilding permanent houses.
(B) Analyzing the geological causes of an earthquake after it happens.
(C) Providing long-term psychological counseling.
(D) Developing early warning systems and evacuation plans.

44. Which of the following is a direct health consequence of repeated natural disasters?
(A) Onset of Type 1 Diabetes
(B) Post-Traumatic Stress Disorder
(C) Severe Vitamin D deficiency
(D) Chronic iron deficiency anemia

45. Which of the following pairs is correctly matched?
(A) Biological Hazard — Cyclone
(B) Hydro-meteorological Hazard — Epidemic
(C) Geophysical Hazard — Earthquake
(D) Physical Hazard — Soil erosion

46. Consider the following regarding the National Disaster Management Authority (NDMA):
1. It was established under the Disaster Management Act, 2005.

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2. The Prime Minister is its ex-officio Chairperson.
3. It is responsible for laying down policies and guidelines for disaster management.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

47. What is the main cause of the expansion of vector habitats like mosquitoes into higher altitudes?
(A) Rising temperatures due to climate change.
(B) Significant decrease in global rainfall patterns.
(C) Dramatic increase in regional soil salinity levels.
(D) Rapid reduction in available atmospheric oxygen.

48. Which of the following is an INCORRECT statement about water pollution?
(A) Eutrophication leads to the depletion of dissolved oxygen in water bodies.
(B) Pathogenic bacteria are only harmful if used for industrial cooling.
(C) Thermal pollution from power plants can harm various forms of aquatic life.
(D) Heavy metal contamination can occur through untreated mining runoff sites.

49. Which of the following is a symptom of acute cold wave exposure?
(A) Heat exhaustion
(B) Frostbite
(C) Dehydration
(D) Sunburn

50. The Sendai Framework for Disaster Risk Reduction (2015-2030) was adopted at which UN World Conference?
(A) First World Conference
(B) Second World Conference
(C) Third World Conference
(D) Fourth World Conference

51. Which chemical element is primarily associated with the contamination of groundwater in several parts of the Ganga-Brahmaputra plain, leading to skin lesions?
(A) Fluoride
(B) Iron
(C) Arsenic
(D) Calcium

52. The following question consists of two statements — Assertion (A) and Reason (R). Select the correct answer using the codes given below:
Assertion (A): Indoor air pollution is often more lethal than outdoor air pollution in developing nations.
Reason (R): Use of traditional chulhas in poorly ventilated kitchens leads to high concentrations of smoke.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

53. Which of the following is an example of a hydro-meteorological disaster?
(A) Volcanic eruption
(B) Tsunami
(C) Flood
(D) Earthquake

54. Which of the following is NOT a phase of the Disaster Management Cycle?
(A) Disaster Mitigation
(B) Industrialization
(C) Alert Preparedness
(D) Service Recovery

55. Which of the following best describes the health impact of "Noise Pollution"?
(A) It directly causes infectious diseases of the inner ear.
(B) It leads to the accumulation of heavy metals in the blood.
(C) It causes major genetic mutations in epidermal skin cells.
(D) It causes sleep disturbance and psychological irritability.

56. Which of the following pairs of disease and transmission mode is INCORRECTLY matched?
(A) Hepatitis A — Air-borne
(B) Malaria — Vector-borne

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(C) Cholera — Waterborne
(D) Typhoid — Feco-oral

57. In India, the National Disaster Response Force (NDRF) works under the administrative control of which Ministry?
(A) Ministry of Earth Sciences
(B) Ministry of Environment, Forest and Climate Change
(C) Ministry of Home Affairs
(D) Ministry of Health and Family Welfare

58. Match the items in List I with the corresponding items in List II and select the correct option using the codes given below:
List I: (Natural Disaster)
P. Earthquake
Q. Flood
R. Heatwave
S. Epidemic
List II: (Immediate Response Priority)
1. Provision of clean drinking water
2. Search and rescue from collapsed buildings
3. Isolation and vaccination
4. Cooling centers and hydration
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

59. Which of the following statements about PM10 is correct?
(A) They are smaller and reach the alveolar region more effectively than PM2.5.
(B) They are primarily a byproduct of secondary gaseous reactions in the stratosphere.
(C) They are considered safe for human health by the World Health Organization.
(D) They settle in the upper respiratory tract and bronchi.

60. Which of the following is a primary health risk associated with soil contaminated with Cadmium?
(A) Immediate onset of blindness
(B) Renal (kidney) dysfunction
(C) Permanent hearing loss
(D) Sudden cardiac arrest

61. Arrange the following steps of post-disaster disease management in the most logical order:
1. Treatment of affected individuals.
2. Surveillance and early detection of outbreaks.
3. Provision of safe water and sanitation.
4. Health education and awareness.
(A) 3-2-1-4
(B) 1-2-3-4
(C) 4-3-2-1
(D) 2-1-4-3

62. What is the impact of climate change on food security in terms of "Utilization"?
(A) Increased overall yield of various cereal crops.
(B) Sustained lowering of food prices globally.
(C) Expansion of arable land in tropical regions.
(D) Reduced nutritional quality of staple crops.

63. Which of the following is considered a geophysical disaster?
(A) Tsunami
(B) Drought
(C) Cold wave
(D) Heatwave

64. Consider the following regarding the "Disaster Risk Reduction" (DRR):
1. It includes systematic efforts to analyze and manage the causes of disasters.
2. It focuses only on the response phase of a disaster.
3. It aims to reduce exposure to hazards and decrease vulnerability.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 1, 2, and 3

65. Which of the following is a common vector-borne disease that sees increased spread during prolonged rainy seasons and floods?
(A) Scurvy
(B) Malaria
(C) Rickets
(D) Pellagra

66. What is the primary role of the District Disaster Management Authority (DDMA)?
(A) To coordinate disaster management at the district level.

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(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

26. Which of the following pollutants is most closely associated with the burning of agricultural crop residue in Northern India?
(A) Particulate Matter
(B) Chlorofluorocarbons
(C) Radon
(D) Asbestos

27. What is the primary route of exposure for heavy metals like Lead and Mercury in soil pollution leading to human health issues?
(A) Inhalation of atmospheric nitrogen fixed by soil bacteria.
(B) Direct absorption via high-frequency soil acoustic vibrations.
(C) Continuous exposure to low-level soil magnetic fields.
(D) Bioaccumulation through the local food chain.

28. Consider the following statements regarding the Sendai Framework:
1. It succeeded the Hyogo Framework for Action.
2. It covers both natural and man-made hazards.
3. It was adopted in 2015 for a period ending in 2030.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

29. Who chairs the State Disaster Management Authority (SDMA) in India?
(A) The Governor
(B) The Home Minister of the State
(C) The Chief Minister
(D) The Chief Secretary

30. Which policy framework primarily governs environmental health and pollution control in India?
(A) The Disaster Management Act, 2005
(B) The Factories Act
(C) The Wildlife Protection Act
(D) The National Environment Policy

31. Consider the following statements regarding cyclones:
1. They are characterized by low atmospheric pressure at the center.
2. They often result in storm surges and coastal flooding.
3. The health impact is limited strictly to drowning.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

32. Which of the following is a symptom of chronic exposure to noise levels exceeding 85-90 dB?
(A) Increased visual acuity
(B) Noise-induced hearing loss
(C) Improved cognitive focus
(D) Lowered heart rate

33. Which disease is characterized by fever, headache, and severe joint pain, and is spread by the Aedes mosquito, often worsening after floods?
(A) Typhoid
(B) Chikungunya
(C) Cholera
(D) Hepatitis A

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34. What is the major health concern associated with landslides in hilly regions?
(A) Physical trauma and burial under debris.
(B) Rapid spread of desertification in surrounding valleys.
(C) Large-scale radiation exposure from underground minerals.
(D) Sudden depletion of vital soil micronutrients and minerals.

35. Which of the following best describes 'Climate Change'?
(A) The daily fluctuations in local temperature and precipitation.
(B) The seasonal migration of birds across continents.
(C) Long-term shifts in temperatures and weather patterns.
(D) The immediate cooling effect after a volcanic eruption.

78. The following question consists of two statements — Assertion (A) and Reason (R). Select the correct answer using the codes given below:
Assertion (A): Small particulate matter (PM2.5) can cross the blood-air barrier in the lungs.
Reason (R): Their extremely small size allows them to enter the circulatory system and cause systemic inflammation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

79. Which of the following natural disasters is often characterized by a "Slow Onset"?
(A) Drought
(B) Earthquake
(C) Flash Flood
(D) Landslide

80. Match the items in List I with the corresponding items in List II and select the correct option using the codes given below:
List I: (Term)
P. Hazard
Q. Vulnerability
R. Risk
S. Resilience
List II: (Definition)
1. The likelihood of a disaster occurring.
2. The capacity of a system to recover from shocks.
3. A dangerous phenomenon or condition.
4. Susceptibility to the damaging effects of a hazard.
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

81. Which of the following is a biological impact of "Heatwaves" on human health?
(A) Extreme hypothermia
(B) Exhaustion and dehydration
(C) Severe skin frostbite
(D) Carbon monoxide poisoning

82. Which of the following is NOT a strategy for Environmental Health Management?
(A) Increasing the use of leaded petrol.
(B) Monitoring air quality indices.
(C) Ensuring safe disposal of hazardous waste.
(D) Implementing water purification standards.

83. Which of the following heavy metals is most associated with neurological damage and "Minamata" symptoms?
(A) Lead
(B) Iron
(C) Mercury
(D) Zinc

84. Consider the following regarding the National Disaster Management Act, 2005:
1. It provides for the creation of NDMA, SDMA, and DDMA.
2. It mandates the creation of the National Disaster Response Fund.
3. It prohibits any role for non-governmental organizations in disaster relief.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

85. Match the items in List I with the corresponding items in List II and select the correct option using the codes given below:
List I: (Pollution Type)
P. Air Pollution
Q. Water Pollution
R. Noise Pollution
S. Soil Pollution
List II: (Target Organ/Effect)
1. Gastrointestinal tract
2. Lungs and Heart
3. Auditory system
4. Food chain bioaccumulation
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

86. Which of the following is a primary health impact of "Cold Waves"?
(A) Immediate heat stroke.
(B) Cardiovascular and respiratory strain.

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(C) Increased malaria spread.
(D) Excessive body sweating.

87. Which of the following is a key goal of the National Disaster Management Plan of India?
(A) To prevent all natural rainfall.
(B) To centralize all state powers under the NDMA.
(C) To reduce the number of hospitals in rural areas.
(D) To make India disaster-resilient.

88. What is the impact of climate change on "Vector-borne diseases"?
(A) It expands the range of diseases like Malaria.
(B) It eliminates the need for mosquitoes to breed.
(C) It makes viruses less potent over long periods.
(D) It reduces humidity required for vector survival.

89. Which of the following is a social consequence of displacement due to natural disasters?
(A) Sudden increase in household wealth.
(B) Immediate improvement in educational access.
(C) Loss of social networks and community support.
(D) Stabilization of mental health.

90. Consider the following statements and select the correct option:
Statement I: The Sendai Framework includes a specific target to reduce disaster damage to critical infrastructure, including health facilities.
Statement II: Environmental degradation is recognized as a major driver of disaster risk.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

91. Which of the following describes "Environmental Health"?
(A) The scientific study of volcanic eruptions only.
(B) The ethical management of captive zoo animals.
(C) The specialized study of deep-sea mineral ores.
(D) The study of environment-human health links.

92. Which of the following is a major health risk during the "Recovery" phase of a disaster?
(A) Immediate drowning risk.
(B) Psychological trauma and malnutrition.
(C) Immediate crush injury risk.
(D) Sudden lightning strike risk.

93. Which of the following pollutants is primarily responsible for the depletion of the ozone layer?
(A) Molecular Carbon dioxide
(B) Diatomic Nitrogen gas
(C) Chlorofluorocarbons (CFCs)
(D) Atmospheric Methane

94. Which of the following statements regarding the NDMA is correct?
(A) It is a privately funded NGO.
(B) It is chaired by the President of India.
(C) It only handles disasters outside India.
(D) It is a statutory body under the DM Act.

95. What is the primary cause of 'Landslides' in the Himalayan region?
(A) Steep slopes and heavy rainfall or seismic activity.
(B) Extremely high levels of regional desertification.
(C) Excessive use of air conditioners in urban centers.
(D) Consistently low atmospheric humidity levels.

96. The following question consists of two statements — Assertion (A) and Reason (R). Select the correct answer using the codes given below:
Assertion (A): Disasters often lead to "displacement" which can result in the emergence of refugee-like health conditions.
Reason (R): Displaced individuals often lack fixed shelter and are exposed to environmental hazards and lack of sanitation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.

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(C) A is true but R is false.
(D) A is false but R is true.

97. Which of the following is an INCORRECT pair of pollutant and its source?
(A) Sulfur dioxide — Coal combustion
(B) Lead — Unleaded petrol
(C) Methane — Rice paddies
(D) Carbon Monoxide — Incomplete combustion of fuel

98. Which of the following is a key element of the "Disaster Management Cycle"?
(A) Response
(B) Urbanization
(C) Globalization
(D) Deforestation

99. Match the items in List I with the corresponding items in List II and select the correct option using the codes given below:
List I: (Pollutant)
P. Carbon Monoxide
Q. Nitrogen Dioxide
R. Lead
S. Asbestos
List II: (Health Effect)
1. Lung scarring (Asbestosis)
2. Reduced oxygen delivery
3. Respiratory inflammation
4. Impaired cognitive development in children
(A) P-2, Q-3, R-4, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-1, R-2, S-3

100. Which of the following is the most effective long-term strategy for reducing the health impacts of climate change?
(A) Relying solely on emergency response systems after disasters.
(B) Ignoring international environmental and health frameworks.
(C) Increasing fossil fuel use to boost the economy for relief.
(D) Integrating climate adaptation into health policies.

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lead to significant loss of life, displacement of populations, and destruction of infrastructure. In contrast, volcanic eruptions and earthquakes are geophysical, as they originate from the Earth's processes.

54. (B) Industrialization
The Disaster Management Cycle consists of critical phases such as mitigation, preparedness, response, and recovery. These stages aim to reduce the impact of hazards and help communities recover effectively. Industrialization, while important for economic development, is not a recognized phase of this specific cycle. Instead, unregulated industrial growth can sometimes increase environmental risks and contribute to the severity of certain disasters.

55. (D) It causes sleep disturbance and psychological irritability.
Noise pollution is a significant environmental stressor that affects human health beyond just hearing loss. It frequently causes significant sleep disturbances, which can lead to chronic fatigue and reduced cognitive performance. Furthermore, constant exposure to high noise levels in urban or industrial settings often results in increased psychological irritability and stress, contributing to broader mental health issues and reduced quality life.

56. (A) Hepatitis A — Air-borne
Hepatitis A is a viral liver disease that is primarily transmitted through the ingestion of contaminated food and water or through direct contact with an infectious person. It follows the feco-oral route rather than being air-borne. In contrast, malaria is vector-borne, cholera is waterborne, and typhoid is also spread via the feco-oral route, reflecting the common ways these diseases.

57. (C) Ministry of Home Affairs
The National Disaster Response Force is a specialized agency in India tasked with providing a professional response to natural and man-made disasters. It operates under the administrative control of the Ministry of Home Affairs. The force consists of personnel from various paramilitary units and is strategically stationed across the country to ensure rapid deployment to affected areas during emergencies.

58. (A) P-2, Q-1, R-4, S-3
During an earthquake, the immediate priority is search and rescue operations to save people from collapsed buildings. In the aftermath of a flood, providing clean drinking water is essential to prevent disease outbreaks. For heatwaves, establishing cooling centers and ensuring hydration are critical. During an epidemic, the focus shifts to isolation of cases and vaccination to control the spread of infection.

59. (D) They settle in the upper respiratory tract and bronchi.
PM10 refers to particulate matter with a diameter of 10 micrometers or less. Due to their relatively larger size compared to PM2.5, these particles tend to settle in the upper respiratory tract and the bronchi rather than reaching the deep alveolar regions of the lungs. However, they can still cause significant respiratory inflammation and exacerbate conditions like asthma and chronic bronchitis.

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60. (B) Renal (kidney) dysfunction
Long-term exposure to cadmium, often through contaminated soil and food, primarily affects the kidneys. It accumulates in the renal cortex, leading to renal dysfunction and potential kidney failure over time. This heavy metal also interferes with calcium metabolism, which can cause bone mineral loss and lead to the painful skeletal deformities associated with conditions like Itai-Itai disease in populations.

61. (A) 3-2-1-4
Effective post-disaster disease management begins with providing safe water and sanitation to prevent the initial spread of pathogens. This is followed by establishing surveillance systems to detect potential outbreaks early. Once detected, affected individuals must receive prompt medical treatment. Finally, ongoing health education and awareness programs are implemented to inform the community about hygiene practices and further reduce the infection risk.

62. (D) Reduced nutritional quality of staple crops.
Climate change affects the "utilization" aspect of food security by potentially reducing the nutritional quality of staple crops. Increased atmospheric carbon dioxide levels can lower the concentrations of essential minerals and proteins

9. (C) Direct reduction in stratospheric ozone thickness.
Deforestation influences public health by altering habitats and increasing contact between humans and wildlife, which facilitates the spillover of zoonotic diseases. It also reduces the availability of medicinal plants. However, the thinning of the stratospheric ozone layer is primarily caused by the release of chemical refrigerants like chlorofluorocarbons, rather than the direct removal of forest cover and vegetation.

10. (A) Carbon dioxide
Carbon dioxide is the primary greenhouse gas emitted through human activities, particularly the burning of fossil fuels and deforestation. While other gases like methane also contribute, the sheer volume and atmospheric residence time of carbon dioxide make it the most significant driver of the enhanced greenhouse effect. This process traps heat in the atmosphere, leading to modern climate change.

11. (A) P-2, Q-3, R-4, S-1
Nitrogen oxides are predominantly produced during vehicular combustion processes in urban areas. Particulate matter is frequently generated at construction sites through dust and debris movement. Heavy metals are often released into the environment through industrial mining activities. Methane is a significant byproduct of organic decomposition in landfills and is also released in large quantities by livestock during digestion.

12. (B) By accelerating the viral incubation period in mosquitoes due to heat.
Rising global temperatures significantly influence the transmission dynamics of Dengue fever. Warmer conditions accelerate the extrinsic incubation period of the virus within the Aedes aegypti mosquito. This allows the mosquito to become infectious more quickly after biting an infected person. Consequently, the rate of transmission increases within human populations, especially in regions experiencing prolonged periods of unseasonably high heat.

13. (C) Hyperthermia
Hyperthermia refers to a condition where an individual's body temperature rises above the normal range due to failed thermoregulation. This occurs when the body produces or absorbs more heat than it can dissipate through mechanisms like sweating. It is often triggered by prolonged exposure to extreme environmental heat and can lead to serious medical emergencies if the core temperature remains elevated.

14. (D) Heat stroke
Heat stroke is the most severe form of heat-related illness and is considered a medical emergency. It is characterized by a core body temperature exceeding 104 degrees Fahrenheit, accompanied by central nervous system dysfunction such as confusion or unconsciousness. The presence of dry skin indicates that the body's sweating mechanism has failed, preventing essential cooling and leading to potential organ damage.

15. (A) Food availability
Unpredictable rainfall patterns and prolonged droughts directly impact the agricultural sector by reducing crop yields and livestock productivity. This decline in production leads to a physical shortage of food supplies within a region, thereby threatening the availability aspect of food security. Without consistent water resources, farmers cannot maintain the necessary output levels required to feed populations and stabilize regional markets.

16. (D) 1, 2, and 3
Major earthquakes cause immediate physical injuries and long-term disabilities due to structural collapses. The resulting displacement of populations often leads to severe nutritional deficiencies as food supply chains are disrupted. Furthermore, the psychological trauma associated with the event and the loss of loved ones or property frequently manifests as mental health disorders, such as post-traumatic stress disorder, among survivors.

17. (B) Landslide — Hydro-meteorological
Landslides are primarily classified as geophysical disasters because they involve the movement of rock, earth, or debris down a slope under the influence of gravity. While heavy rainfall can trigger them, the event itself is a geological process. In contrast, cyclones and floods are hydro-meteorological, earthquakes are geophysical, and epidemics are biological, based on the primary origin of hazard.

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primary modern drivers, the term encompasses the broad spectrum of changes affecting the entire Earth's climate system over time.

36. (A) Both A and R are true and R is the correct explanation of A.
Displacement due to disasters often forces people into temporary settlements that lack basic infrastructure. These individuals face unique health challenges similar to those of refugees, including limited access to clean drinking water and sanitary facilities. This environment increases the risk of communicable diseases and malnutrition. Consequently, the lack of primary healthcare services in these areas further exacerbates the health crisis.

37. (C) Pandemic outbreak
Biological disasters are caused by the spread of infectious organisms or their toxins that threaten the health of humans, animals, or plants. A pandemic outbreak, which involves the global spread of a new disease, is a prime example of such a disaster. In contrast, tsunamis, avalanches, and floods are classified as geophysical or hydro-meteorological disasters based on their physical origins.

38. (B) Nitrate pollution in groundwater sources.
Blue Baby Syndrome, or methaemoglobinaemia, occurs when high levels of nitrates in drinking water interfere with the blood's ability to carry oxygen. This most commonly affects infants, causing their skin to take on a bluish tint. The nitrates often enter groundwater from agricultural fertilizers or sewage. Once ingested, they are converted to nitrites, which bind to hemoglobin and reduce oxygenation.

39. (D) To reduce the long-term risk and impact of disasters.
Mitigation involves taking proactive steps to reduce the long-term risk and potential impact of future disasters on lives and property. This includes structural measures like building stronger levees and non-structural measures such as land-use planning and public education. The goal is to lessen the severity of a disaster's consequences before it occurs, rather than just responding to its effects.

40. (A) P-2, Q-4, R-1, S-3
Fine particulate matter like PM2.5 is a major cause of respiratory and cardiac diseases when inhaled. Exposure to heavy metals often results in significant neurological damage. Deforestation alters ecosystems, leading to an increase in vector habitats for diseases like malaria. Climate change is directly linked to rising temperatures, which contributes to an increase in heat-related mortality across populations.

41. (C) The Urban Heat Island effect
The Urban Heat Island effect occurs when cities become significantly warmer than surrounding rural areas due to the high concentration of heat-absorbing surfaces like concrete and asphalt. This phenomenon, combined with a lack of green cover and high population density, makes urban areas in India particularly vulnerable to extreme heatwaves. These conditions exacerbate heat-related illnesses and place strain on energy resources.

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42. (A) Typhoid
Typhoid fever is a life-threatening infection caused by the bacterium Salmonella typhi, which is typically spread through the feco-oral route. Following flood events, water sources are frequently contaminated with sewage, leading to a rapid spread of the disease. Symptoms include prolonged high fever, headache, and abdominal pain. It remains a major waterborne threat in areas with poor sanitation infrastructure.

43. (D) Developing early warning systems and evacuation plans.
Preparedness in disaster management refers to the actions taken before a disaster strikes to ensure an effective response. This includes the development of sophisticated early warning systems, the creation of clear evacuation plans, and the stockpiling of essential supplies. Training emergency personnel and conducting public awareness campaigns are also critical components that help communities minimize the loss of life.

44. (B) Post-Traumatic Stress Disorder
Repeated exposure to natural disasters can have profound and lasting impacts on the psychological well-being of survivors. Post-traumatic stress disorder is a common health

of the thick seasonal smog that affects air quality and human respiratory health. While other gases are also emitted, particulate matter is the most significant pollutant in terms of its concentration and widespread regional impact.

27. (D) Bioaccumulation through the local food chain.
Soil pollution by heavy metals like lead and mercury leads to human health issues primarily through the process of bioaccumulation. These toxic elements are absorbed from the soil by plants and enter the food chain when consumed. Over time, the concentration of these metals increases in the tissues of organisms at higher trophic levels, causing various chronic health conditions.

28. (D) 1, 2, and 3
The Sendai Framework for Disaster Risk Reduction was adopted in 2015 as the successor to the Hyogo Framework for Action. It provides a comprehensive global roadmap for reducing disaster risks until 2030. Importantly, it expands the scope of disaster management to include both natural and man-made hazards, emphasizing the need for integrated measures to protect lives and health.

29. (C) The Chief Minister
According to the Disaster Management Act of 2005, the State Disaster Management Authority is the primary body for disaster planning at the provincial level in India. The Chief Minister of the respective state serves as the ex-officio Chairperson of this authority. This leadership ensures that disaster management is integrated into the state's governance and that resources are effectively mobilized.

30. (D) The National Environment Policy
The National Environment Policy is the key framework in India that guides the management of environmental health and pollution control. It aims to integrate environmental concerns into all stages of economic and social development. By focusing on sustainable practices and the conservation of natural resources, the policy seeks to ensure a clean environment and protect the health of the Indian population.

31. (A) 1 and 2 only
Cyclones are powerful weather systems characterized by low atmospheric pressure at their center, which drives strong winds and heavy rainfall. In coastal regions, they frequently cause storm surges that lead to extensive flooding. While drowning is a major risk, the health impacts are not limited to it and include injuries, waterborne diseases, and long-term psychological trauma among the affected populations.

32. (B) Noise-induced hearing loss
Chronic exposure to loud noise levels exceeding 85 to 90 decibels can cause permanent damage to the delicate hair cells in the inner ear. This condition, known as noise-induced hearing loss, typically occurs gradually over time. In addition to hearing impairment, such high levels of noise pollution can also lead to increased stress, elevated blood pressure, and significant sleep disturbances.

33. (B) Chikungunya
Chikungunya is a viral disease transmitted to humans by infected Aedes mosquitoes, particularly Aedes aegypti and Aedes albopictus. It is characterized by the sudden onset of fever accompanied by severe and often debilitating joint pain. Outbreaks of this disease are common in the aftermath of floods, as stagnant water provides ideal breeding grounds for the mosquito vectors responsible.

34. (A) Physical trauma and burial under debris.
Landslides in hilly regions pose an immediate threat to human life through the rapid movement of soil and rock. The primary health impacts include severe physical trauma, such as fractures and internal injuries, and the risk of being buried under falling debris. These events can also destroy homes and infrastructure, leading to displacement and limited access to emergency medical services.

35. (C) Long-term shifts in temperatures and weather patterns.
Climate change refers to significant and lasting alterations in the statistical distribution of weather patterns over periods ranging from decades to millions of years. It involves long-term shifts in global or regional temperatures and precipitation. While human activities are the

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18. (C) Both statements are correct.
Natural disasters frequently force large populations to relocate into temporary relief camps. These settings are often overcrowded and lack adequate sanitation or clean water facilities. Such conditions facilitate the rapid transmission of infectious agents among the displaced people. Therefore, the combination of high population density and poor hygiene in these camps creates a significant risk for communicable disease outbreaks.

19. (C) Restoring basic services and rebuilding infrastructure post-disaster.
The recovery phase of disaster management focuses on returning the affected community to its normal state or an improved condition. This involves restoring essential services such as electricity, water, and telecommunications, as well as rebuilding damaged homes and public infrastructure. It is a long-term process that bridges the gap between the immediate emergency response and the return to sustainable community development.

20. (A) Both A and R are true and R is the correct explanation of A.
The Sendai Framework represents a global shift from focusing solely on disaster response to a more proactive approach centered on disaster risk reduction. It emphasizes the importance of preventing the creation of new risks while reducing existing vulnerabilities. By integrating disaster risk into development planning, the framework aims to minimize the potential impact of future hazards on lives and economies.

21. (C) National Disaster Management Authority (NDMA)
The National Disaster Management Authority is the highest policy-making body for disaster management in India. Established under the Disaster Management Act of 2005, it is responsible for creating national policies, plans, and guidelines to ensure a timely and effective response to disasters. It coordinates between various government agencies and states to build a more disaster-resilient nation through systematic planning.

22. (A) 2-1-3-4
The Disaster Management Cycle begins with the immediate response to save lives and property. This is followed by the recovery phase to restore services and rebuild infrastructure. Subsequently, mitigation efforts are implemented to reduce future risks through structural and non-structural measures. Finally, the preparedness phase involves training and planning to ensure readiness for the next potential event in cycle.

23. (D) Minimizing vulnerabilities and disaster risks throughout a society.
Disaster Risk Reduction is a systematic approach aimed at identifying, assessing, and reducing the risks associated with disasters. Its primary objective is to minimize the vulnerabilities of a society by addressing the underlying factors that contribute to disaster impacts. This includes improving building standards, protecting ecosystems, and enhancing community awareness, rather than just focusing on post-disaster compensation or response.

24. (A) Increased malaria incidence due to stagnant water in reservoirs.
Droughts typically cause a scarcity of water, leading to the drying up of breeding sites for many mosquito species. While stagnant water in small containers can exist, the widespread creation of large stagnant pools for malaria vectors is not a typical characteristic of prolonged drought. Instead, droughts are more directly linked to malnutrition, mental stress in farmers, and severe dehydration.

25. (B) P-2, Q-1, R-4, S-3
Floods are frequently followed by outbreaks of waterborne diseases due to the contamination of drinking sources. Earthquakes cause structural collapses that result in severe crush injuries and fractures among those trapped. Heatwaves lead to extreme dehydration and potential organ failure as the body overheats. Cold waves are primarily associated with the risk of hypothermia and frostbite during prolonged exposure.

26. (A) Particulate Matter
The burning of agricultural crop residues, common in Northern India, releases vast quantities of smoke containing fine particulate matter. These particles are a major component

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consequence, characterized by persistent anxiety, flashbacks, and emotional distress related to the traumatic events. This condition often requires long-term mental health support and counseling to help individuals recover and rebuild their lives after the destruction.

45. (C) Geophysical Hazard — Earthquake
Earthquakes are classified as geophysical hazards because they originate from internal geological processes within the Earth's crust. Other examples include volcanic eruptions and tsunamis. In contrast, cyclones are hydro-meteorological hazards, and epidemics are biological hazards. Correct classification of these hazards is essential for developing appropriate disaster management strategies and risk reduction policies tailored to the specific nature of each event.

46. (D) 1, 2, and 3
The National Disaster Management Authority was established under the provisions of the Disaster Management Act of 2005. It is chaired by the Prime Minister of India, who serves in an ex-officio capacity. The authority is responsible for formulating national policies and guidelines that govern disaster management activities across the country, ensuring a coordinated and systematic approach to handling hazards.

47. (A) Rising temperatures due to climate change.
Rising global temperatures due to climate change are significantly altering the geographical distribution of disease vectors. As higher altitudes become warmer, they create favorable conditions for mosquitoes to breed and survive in areas where they were previously absent. This expansion increases the risk of vector-borne diseases like malaria and dengue for populations living in these regions, who may lack immunity.

48. (B) Pathogenic bacteria are only harmful if used for industrial cooling.
Pathogenic bacteria in water are highly dangerous to human health when ingested or through contact, and their harm is not limited to industrial use. These microorganisms can cause severe diseases like cholera and typhoid. Other water pollution issues include eutrophication, which depletes oxygen, and thermal pollution from power plants, both of which severely disrupt aquatic ecosystems and threaten biodiversity.

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49. (B) Frostbite
Frostbite is a condition where the skin and underlying tissues freeze after being exposed to extremely cold temperatures. It is a common symptom of acute exposure during cold waves, particularly in the extremities like fingers, toes, and the nose. If left untreated, frostbite can lead to permanent tissue damage. Protective clothing and avoiding prolonged exposure are essential measures for prevention.

50. (C) Third World Conference
The Sendai Framework for Disaster Risk Reduction (2015–2030) was adopted at the Third United Nations World Conference on Disaster Risk Reduction. This landmark event took place in Sendai, Japan, in March 2015. The framework established seven global targets and four priorities for action to guide nations in reducing disaster risks and building resilience over a fifteen-year period through cooperation.

51. (C) Arsenic
Arsenic is a naturally occurring element that contaminates groundwater in the Ganga-Brahmaputra plains of India and Bangladesh. Chronic ingestion of arsenic-rich water leads to a condition known as arsenicosis, which is characterized by painful skin lesions and various internal cancers. This widespread environmental health issue affects millions of people who rely on tube wells for their primary source of drinking water.

52. (A) Both A and R are true and R is the correct explanation of A.
Indoor air pollution is a major health crisis in developing countries, often being more lethal than outdoor pollution. This is primarily due to the widespread use of traditional stoves or chulhas that burn biomass fuels in poorly ventilated areas. The resulting high concentration of smoke contains harmful particles and gases that lead to chronic respiratory illnesses, especially among women and children.

53. (C) Flood
Hydro-meteorological disasters are events caused by atmospheric, hydrological, or oceanographic processes. Floods are a classic example, as they are often triggered by heavy rainfall, rapid snowmelt, or storm surges. These disasters can

ANSWERS

1. (B) The depletion of resources and destruction of ecosystems.
Environmental degradation involves the deterioration of the environment through depletion of resources such as air, water, and soil. This process leads to the destruction of ecosystems and the extinction of wildlife. It occurs when the earth's natural resources are consumed faster than they can be replenished, compromising the health of the entire planet's biosphere.

2. (A) Less than 2.5 micrometers
Particulate matter known as PM2.5 consists of fine inhalable particles with aerodynamic diameters that are generally 2.5 micrometers and smaller. These particles are significant because they are small enough to penetrate deep into the lungs and even enter the bloodstream. They originate from various sources including vehicle exhausts, industrial processes, and wood burning during domestic activities.

3. (C) Both statements are correct.
Sulfur dioxide is a major gaseous pollutant that reacts with water vapor in the atmosphere to form sulfuric acid, resulting in acid rain. Simultaneously, carbon monoxide is a toxic gas that binds to hemoglobin with much higher affinity than oxygen. This forms carboxyhemoglobin, which significantly reduces the ability of blood to transport essential oxygen to body tissues.

4. (D) 1, 2, and 3
Anthropogenic sources of water pollution are those originating from human activities rather than natural processes. Industrial effluents containing toxic heavy metals, agricultural runoff carrying harmful pesticide residues, and the discharge of untreated domestic sewage all represent human-induced contamination. These pollutants severely degrade water quality, harm aquatic life, and pose significant health risks to populations relying on these resources.

5. (C) Ventilation improvements have no impact on reducing respiratory illness.
Indoor air pollution in rural areas is largely driven by the burning of biomass fuels in traditional stoves. Women and children face the highest risks due to their constant proximity to smoke during cooking. Improving ventilation and using cleaner fuels are vital strategies because they significantly reduce the concentration of harmful pollutants, thereby lowering the incidence of respiratory diseases.

6. (B) Vibrio cholerae
Vibrio cholerae is the bacterium responsible for causing cholera, an acute diarrheal infection. It is typically transmitted through the consumption of contaminated water or food, especially after flooding events. A hallmark clinical feature of this disease is the production of profuse, watery stools often described as rice-water stools. Rapid dehydration and electrolyte imbalance are common life-threatening complications.

7. (D) Cadmium — Itai-Itai disease
Cadmium poisoning is specifically linked to Itai-Itai disease, which was documented in Japan due to industrial contamination of river water used for irrigation. This condition is characterized by severe bone softening and kidney failure. While other pollutants cause Minamata disease or methaemoglobinaemia, cadmium is the specific agent responsible for the development of this painful and debilitating skeletal disorder.

8. (A) Both A and R are true and R is the correct explanation of A.
Chronic exposure to high intensity noise acts as a physiological stressor on the human body. This environmental stimulus triggers the endocrine system to release stress hormones such as adrenaline and cortisol. These hormones increase heart rate and constrict blood vessels, which directly contributes to the development of hypertension and other long-term cardiovascular issues in affected individuals living in environments.

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in plants like wheat and rice. Furthermore, higher temperatures and altered rainfall patterns can influence the prevalence of pests and diseases, further compromising the overall quality of food.

63. (A) Tsunami
Geophysical disasters are those originating from solid earth processes. A tsunami is a prime example, as it is often generated by undersea earthquakes or volcanic eruptions that displace large volumes of water. In contrast, droughts, cold waves, and heatwaves are classified as hydro-meteorological disasters because they are driven by atmospheric conditions and weather patterns over a specific period and region.

64. (B) 1 and 3 only
Disaster Risk Reduction involves systematic efforts to analyze and manage the causal factors of disasters. It focuses on reducing exposure to hazards and decreasing the vulnerability of people and property. DRR is a comprehensive approach that spans all phases of the disaster management cycle, including mitigation and preparedness, rather than being limited only to the response phase after a disaster occurs.

65. (B) Malaria
Malaria is a major vector-borne disease that often sees an increase in transmission during prolonged rainy seasons and after floods. The excessive rainfall creates numerous stagnant water pools, which serve as ideal breeding sites for the Anopheles mosquito. As the mosquito population grows, the risk of parasite transmission to humans increases, necessitating enhanced surveillance and control measures in affected areas.

66. (A) To coordinate disaster management at the district level.
The District Disaster Management Authority is responsible for planning and coordinating disaster management activities at the local level. Led by the District Collector or Magistrate, the DDMA ensures that state and national guidelines are implemented locally. It plays a crucial role in preparing district-specific disaster management plans and coordinating the response of various local departments during an emergency.

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67. (C) Ground-level ozone
Ground-level ozone is a primary component of photochemical smog, formed when nitrogen oxides and volatile organic compounds react in the presence of sunlight. Unlike the protective ozone layer in the stratosphere, this tropospheric ozone is a harmful pollutant. It can cause severe respiratory issues, damage vegetation, and reduce visibility, particularly in urban areas with high levels of vehicular emissions.

68. (D) Industrial gas leak
Natural disasters are events caused by environmental forces, such as cyclones, earthquakes, and landslides. An industrial gas leak, however, is classified as a technological or man-made disaster because it results from human error, equipment failure, or industrial processes. Distinguishing between these categories is important for determining the appropriate response protocols and identifying the entities responsible for safety and mitigation.

69. (C) Both statements are correct.
Climate change has significant psychological impacts on human populations. Extreme weather events can cause immediate trauma and lead to long-term mental health issues like depression and anxiety. Furthermore, the persistent threat of environmental degradation has given rise to eco-anxiety, a chronic fear of environmental doom. These psychological effects highlight the broad spectrum of health challenges posed by climate change.

70. (B) It is the forced movement of people due to hazards.
Displacement in the context of disasters refers to the forced movement of individuals or communities from their homes due to the immediate threat or impact of hazards. It is not a voluntary choice but a necessary reaction to ensure survival. Displaced populations often face severe socio-economic challenges, including the loss of livelihoods and the disruption of essential social support networks.

71. (D) Evacuating people to high-ground shelters.
The response phase of a flood focuses on immediate actions taken during the emergency to save lives and provide relief. Evacuating people from threatened areas to high-ground

shelters is a primary response activity. Other actions include search and rescue and providing emergency medical care. Long-term projects like dam construction or post-disaster reports are part of the mitigation or recovery phases.

72. (A) Dental and skeletal fluorosis
High concentrations of fluoride in drinking water lead to a condition known as fluorosis. Dental fluorosis causes mottling and discoloration of the teeth, while skeletal fluorosis is a more severe form that affects the bones and joints, leading to pain and deformity. This environmental health issue is prevalent in regions where groundwater naturally interacts with fluoride-bearing rocks and minerals.

73. (C) Disruption of local rainfall and increased heat stress.
Deforestation directly impacts local climates by reducing transpiration, which leads to disrupted rainfall patterns and increased regional temperatures. These changes can heighten heat stress among local populations and alter the availability of water resources. Furthermore, the loss of forest cover removes a natural buffer against extreme weather, potentially increasing the vulnerability of communities to the health impacts of hazards.

74. (A) Earthquake
Crush syndrome is a serious medical condition characterized by major shock and kidney failure after the release of pressure from a crushed limb. It is most commonly seen in the aftermath of earthquakes, where individuals are trapped under the weight of collapsed buildings and heavy debris. Rapid medical intervention is required to manage the systemic effects of muscle breakdown products in survivors.

75. (D) India Meteorological Department (IMD)
The India Meteorological Department is the principal government agency responsible for meteorological observations, weather forecasting, and seismology. It provides critical early warnings for cyclones, heavy rainfall, and other weather-related hazards. These forecasts are essential for local authorities to initiate evacuation procedures and for the general public to take necessary precautions, thereby significantly reducing the potential loss of life and property.

76. (B) Tobacco smoke and furniture VOCs.
In urban Indian households, indoor air pollution is often caused by factors other than biomass burning. Significant sources include environmental tobacco smoke and volatile organic compounds released from furniture, paints, and household cleaning products. These pollutants can accumulate in poorly ventilated spaces, leading to various health issues such as headaches, respiratory irritation, and long-term risks of chronic diseases and cardiovascular conditions.

77. (C) To integrate risk reduction measures into restoration.
The "Build Back Better" principle emphasizes that the recovery and reconstruction phases after a disaster should be used as opportunities to enhance community resilience. Instead of simply replicating what was there before, this approach integrates disaster risk reduction measures into all restoration efforts. This ensures that new infrastructure and social systems are stronger and better prepared to withstand future hazards.

78. (A) Both A and R are true and R is the correct explanation of A.
Fine particulate matter like PM2.5 consists of particles small enough to pass through the lung's alveolar walls and enter the bloodstream directly. Once in the circulatory system, these particles can travel to various organs, triggering systemic inflammation and oxidative stress. This process contributes to a wide range of health problems, including cardiovascular diseases, strokes, and potential long-term respiratory health impacts.

79. (A) Drought
Slow-onset disasters are those that develop gradually over an extended period, often weeks, months, or even years. Drought is a prime example, as it results from a cumulative lack of precipitation that slowly impacts water supplies and agriculture. Unlike sudden-onset disasters like earthquakes or flash floods, the impacts of a drought emerge over time, requiring different monitoring and management strategies.

80. (A) P-3, Q-4, R-1, S-2
A hazard is a dangerous phenomenon or condition that may cause harm. Vulnerability describes the susceptibility of a community or

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system to the damaging effects of such hazards. Risk is the likelihood of a disaster occurring, often calculated based on the interaction of hazards and vulnerabilities. Resilience refers to the capacity of a system to successfully recover from these physical shocks.

81. (B) Exhaustion and dehydration
Heatwaves pose severe biological risks to human health, primarily manifest as heat exhaustion and significant dehydration. These conditions occur when the body is unable to maintain its core temperature and loses excessive fluids and electrolytes through sweating. If not treated promptly with cooling and rehydration, these symptoms can progress to heat stroke, which is a life-threatening emergency involving failure.

82. (A) Increasing the use of leaded petrol.
Environmental health management focuses on reducing exposure to harmful pollutants and hazards. Strategies include monitoring air quality, ensuring safe waste disposal, and maintaining water purification standards. Increasing the use of leaded petrol is contrary to these goals, as lead is a toxic heavy metal that causes severe neurological and developmental issues. Phasing out leaded fuels is a key victory.

83. (C) Mercury
Mercury is a toxic heavy metal that is particularly dangerous in its organic form, methylmercury. It is famous for causing Minamata disease, a neurological syndrome characterized by loss of coordination, muscle weakness, and damage to hearing and speech. This condition was first identified in Japan after populations consumed fish contaminated with industrial mercury, highlighting the severe risks of heavy bioaccumulation.

84. (A) 1 and 2 only
The Disaster Management Act of 2005 provides the legal framework for disaster management in India, mandating the creation of authorities at the national, state, and district levels. It also establishes the National Disaster Response Fund to ensure financial resources are available for relief. The act does not prohibit non-governmental organizations; instead, it recognizes their important role in community-based efforts.

85. (A) P-2, Q-1, R-3, S-4
Air pollution primarily targets the respiratory and cardiovascular systems, affecting the lungs and heart. Water pollution frequently leads to infections and disorders of the gastrointestinal tract. Noise pollution specifically impacts the auditory system, leading to hearing loss and stress. Soil pollution is a major concern for food chain bioaccumulation, where toxic substances from the earth eventually reach human consumers.

86. (B) Cardiovascular and respiratory strain.
Cold waves put significant strain on the human body, particularly the cardiovascular and respiratory systems. Cold temperatures cause blood vessels to constrict, increasing blood pressure and the risk of heart attacks. Furthermore, breathing in cold air can trigger respiratory issues and worsen conditions like asthma. These impacts are especially dangerous for vulnerable populations like the elderly and those with pre-existing conditions.

87. (D) To make India disaster-resilient.
The National Disaster Management Plan of India aims to make the country disaster-resilient by providing a framework for reducing the loss of lives and livelihoods. It focuses on all aspects of the disaster management cycle, including prevention, mitigation, and response. By coordinating efforts across different levels of government, the plan seeks to minimize the impact of natural and man-made hazards.

88. (A) It expands the range of diseases like Malaria.
Climate change significantly influences the spread of vector-borne diseases by altering the habitats of mosquitoes and other carriers. Warmer temperatures and changing rainfall patterns can expand the geographic range of diseases like malaria and dengue into previously unaffected areas. These environmental shifts also affect the survival and replication rates of both the vectors and the pathogens they transmit.

89. (C) Loss of social networks and community support.
Displacement due to natural disasters often leads to the sudden loss of social networks and community support systems. When people are forced to move, they are separated from the neighbors and relatives who provide essential

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15. Identify the correct option for the following Assertion (A) and Reason (R):
Assertion (A): Contaminated food can act as a vehicle for the transmission of Hepatitis A.
Reason (R): Foodborne transmission occurs when pathogens are ingested through tainted food products.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Consider the following statements regarding Non-Communicable Diseases (NCDs):
I. They are generally of long duration and slow progression.
II. They are not passed from person to person.
III. Influenza and Cholera are major types of NCDs.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

17. Which of the following is an INCORRECT pair regarding disease burden in India?
(A) Cardiovascular Diseases – High mortality rate
(B) Cancer – Declining incidence due to urbanisation
(C) Diabetes – Rapidly increasing prevalence
(D) Chronic Respiratory Diseases – Linked to air pollution

18. Match List I: (NCD Category) with List II: (Major Risk Factor) and select the correct option:
List I: (NCD Category)
P. Cardiovascular Disease
Q. Type 2 Diabetes
R. Chronic Obstructive Pulmonary Disease (COPD)
S. Mental Disorders
List II: (Major Risk Factor)
1. Tobacco smoking
2. High sugar and sedentary lifestyle
3. Stress and social isolation
4. High saturated fat intake
(A) P-4, Q-2, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-4, S-1
(D) P-3, Q-4, R-1, S-2

19. Which condition is specifically defined as the "double burden of disease" in developing nations?
(A) Concurrent presence of physical and mental health conditions.
(B) High regional rates of neonatal and maternal mortality.
(C) Concurrent prevalence of infectious and chronic diseases.
(D) Simultaneous outbreaks of multiple distinct viral pathogens.

20. Identify the correct option for the following Assertion (A) and Reason (R):
Assertion (A): Mental disorders contribute significantly to the global burden of disease.
Reason (R): They often lead to long-term disability and loss of economic productivity.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

21. Consider the following statements regarding the Global Hunger Index (GHI):
I. It is calculated based on four indicators: Undernourishment, Child Wasting, Child Stunting, and Child Mortality.
II. A higher score on the GHI represents a better situation for a country.
III. It ranks countries on a 100-point scale.
Which of the above statement(s) is/are correct?
(A) I and III only
(B) I and II only
(C) II and III only
(D) I, II, and III

22. Which of the following best describes "Hidden Hunger"?
(A) Total caloric deprivation leading to physiological starvation.
(B) Micronutrient deficiencies despite sufficient caloric intake.
(C) Nutritional shortages found in dense urban slum environments.

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emergency actions taken to save lives, protect property, and provide for the basic needs of the affected population. This stage is followed by recovery and preceded by preparedness and mitigation, all of which form a continuous loop of management.

99. (A) P-2, Q-3, R-4, S-1
Carbon monoxide reduces the blood's capacity to deliver oxygen to tissues. Nitrogen dioxide exposure often leads to significant respiratory inflammation. Lead is particularly harmful to children, where it can impair cognitive and behavioral development. Asbestos fibers can cause scarring of the lung tissue, a condition known as asbestosis, which results in long-term breathing difficulties and other serious health complications.

100. (D) Integrating climate adaptation into health policies.
The most effective long-term strategy for addressing the health impacts of climate change is to integrate climate adaptation directly into health policies. This involves strengthening public health infrastructure, improving disease surveillance, and ensuring that healthcare systems are resilient to extreme weather events. By proactively planning for environmental changes, governments can better protect their populations and reduce the overall burden of illnesses.

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CHAPTER 11

Classification of Diseases and Food Security

1. Consider the following statements regarding the WHO ICD system:
I. It stands for the International Classification of Diseases.
II. It is used globally for health management and clinical purposes.
III. It is maintained and updated by the World Bank.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

2. Which of the following best defines genetic diseases?
(A) Disorders caused by abnormalities in an individual's genome.
(B) Diseases caused primarily by environmental pollution.
(C) Conditions resulting from poor nutritional intake during childhood.
(D) Ailments transmitted solely through contaminated water.

3. Match List I: (Disorder Type) with List II: (Specific Example) and select the correct option:
List I: (Disorder Type)
P. Autosomal Dominant
Q. Autosomal Recessive
R. Sex-linked
S. Chromosomal
List II: (Specific Example)
1. Sickle Cell Anaemia
2. Huntington's Disease
3. Down Syndrome
4. Haemophilia
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

4. Arrange the following levels of disease classification according to the standard ICD hierarchy (from broadest to most specific):
1. Chapter
2. Block
3. Three-character category
4. Four-character subcategory
(A) 1-2-3-4
(B) 4-3-2-1
(C) 1-3-2-4
(D) 2-1-4-3

5. Identify the correct option for the following Assertion (A) and Reason (R):
Assertion (A): Colour blindness is more common in males than in females.
Reason (R): The gene for colour blindness is located on the X chromosome, and males have only one X chromosome.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Consider the following statements regarding Autosomal Dominant disorders:
I. A single copy of the mutated gene is sufficient to cause the disorder.
II. There is a 50% chance of passing the gene to each offspring.
III. The disorder typically skips generations in a family pedigree.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

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7. Which of the following is a classic example of an Autosomal Recessive disorder?
(A) Polydactyly
(B) Marfan Syndrome
(C) Achondroplasia
(D) Cystic Fibrosis

8. Match List I: (Disease) with List II: (Geographical Distribution in India) and select the correct option:
List I: (Disease)
P. Sickle Cell Anaemia
Q. Beta Thalassemia
R. Goitre
S. Japanese Encephalitis
List II: (Geographical Distribution in India)
1. Himalayan regions
2. Central and Tribal belts
3. North and West India
4. Terai and Eastern regions
(A) P-2, Q-3, R-1, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-2, S-1
(D) P-4, Q-1, R-3, S-2

9. Read the following statements and select the correct option:
Statement I: Haemophilia is often referred to as the "Royal Disease."
Statement II: It is a sex-linked recessive disorder that impairs the body's ability to make blood clots.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

10. Identify the correct option for the following Assertion (A) and Reason (R):
Assertion (A): Individuals with Down syndrome possess 47 chromosomes instead of the usual 46.
Reason (R): This condition is caused by the monosomy of the 21st chromosome.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

11. Consider the following statements regarding Turner Syndrome:
I. It affects females exclusively.
II. It results from the complete or partial absence of an X chromosome.
III. Affected individuals are typically taller than average.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

12. Which of the following is NOT a characteristic of communicable diseases?
(A) They are caused by pathogenic microorganisms.
(B) They are exclusively caused by genetic mutations.
(C) They can be spread from one person to another.
(D) They often require a vector or medium for transmission.

13. Match List I: (Mode of Transmission) with List II: (Disease Example) and select the correct option:
List I: (Mode of Transmission)
P. Direct Contact
Q. Vector-borne
R. Airborne
S. Waterborne
List II: (Disease Example)
1. Malaria
2. Tuberculosis
3. Cholera
4. Ringworm
(A) P-4, Q-1, R-2, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-4, S-1
(D) P-3, Q-4, R-1, S-2

14. Identify the correct pair of a zoonotic disease and its primary animal reservoir:
(A) Tuberculosis – Mosquitoes
(B) Diabetes – Domestic Cats
(C) Haemophilia – Wild Birds
(D) Rabies – Stray Dogs

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emotional and practical help. This social disruption can lead to increased vulnerability, a sense of isolation, and significant long-term psychological stress for the affected individuals.

90. (C) Both statements are correct.
The Sendai Framework includes specific targets for reducing damage to critical infrastructure, particularly health and educational facilities, to ensure they remain functional during disasters. Simultaneously, environmental degradation is globally recognized as a primary driver of disaster risk. Protecting and restoring ecosystems is therefore essential for reducing the frequency and severity of natural hazards and protecting the well-being of all societies.

91. (D) The study of environment-human health links.
Environmental health is the branch of public health that focuses on the relationships between people and their environment. It involves studying how various environmental factors, such as air quality, water safety, and hazardous substances, impact human health and well-being. The field aims to promote healthy environments and prevent disease by identifying and managing environmental risks through research and interventions.

92. (B) Psychological trauma and malnutrition.
During the recovery phase of a disaster, the focus shifts from immediate life-saving to long-term well-being. Survivors often face significant psychological trauma and mental health issues as they deal with loss and displacement. Additionally, the disruption of food supplies and livelihoods can lead to persistent malnutrition. These challenges require sustained support and health services to ensure the community can heal.

93. (C) Chlorofluorocarbons (CFCs)
Chlorofluorocarbons are human-made chemicals that were widely used in refrigeration and aerosol sprays. When released, they travel to the stratosphere, where they are broken down by ultraviolet radiation, releasing chlorine atoms. These atoms then catalyze the destruction of ozone molecules. This depletion of the ozone layer allows more harmful UV radiation to reach the Earth, increasing the risk of cancer.

94. (D) It is a statutory body under the DM Act.
The National Disaster Management Authority is a statutory body established in India under the provisions of the Disaster Management Act, 2005. It is not a private organization but a government agency headed by the Prime Minister. Its legal status provides it with the authority to formulate national disaster management policies and oversee their implementation across the country to ensure effective coordination.

95. (A) Steep slopes and heavy rainfall or seismic activity.
Landslides in the Himalayan region are primarily caused by the combination of steep, unstable slopes and heavy seasonal rainfall. Additionally, this mountain range is seismically active, and earthquakes can frequently trigger major landslides. Human activities like deforestation and poorly planned construction also contribute to slope instability, making these regions highly susceptible to the sudden movement of rock and soil.

96. (A) Both A and R are true and R is the correct explanation of A.
Natural disasters often cause the forced displacement of large populations, which can lead to health challenges similar to those faced by refugees. Displaced individuals frequently lack stable shelter and are exposed to environmental hazards and inadequate sanitation. These conditions, combined with the stress of the disaster, create a high risk for the emergence of infectious diseases and other significant problems.

97. (B) Lead — Unleaded petrol
Lead was traditionally added to petrol to improve engine performance, making leaded petrol a major source of environmental contamination. Unleaded petrol, however, is specifically formulated to be free of lead. In contrast, sulfur dioxide is correctly linked to coal combustion, methane to rice paddies, and carbon monoxide to the incomplete combustion of fuels, reflecting their typical primary environmental sources.

98. (A) Response
The response phase is a critical component of the Disaster Management Cycle, occurring immediately after a disaster strikes. It involves

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(D) Excessive caloric consumption leading to clinical obesity.

23. Match List I: (Malnutrition Term) with List II: (Definition) and select the correct option:
List I: (Malnutrition Term)
P. Stunting
Q. Wasting
R. Underweight
S. Overnutrition
List II: (Definition)
1. Low weight-for-height
2. Low height-for-age
3. Excessive nutrient intake
4. Low weight-for-age
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

24. In the context of India's malnutrition profile, which state has historically reported some of the highest stunting rates?
(A) Bihar
(B) Kerala
(C) Goa
(D) Tamil Nadu

25. Identify the correct option for the following Assertion (A) and Reason (R):
Assertion (A): Food security exists when all people have physical and economic access to sufficient, safe, and nutritious food.
Reason (R): The National Food Security Act (NFSA) 2013 aims to provide subsidized food grains to approximately two-thirds of India's population.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

26. Read the following statements and select the correct option:
Statement I: Undernutrition includes stunting, wasting, and underweight.
Statement II: Overnutrition is primarily characterized by micronutrient deficiencies.
(A) Statement I is correct but Statement II is incorrect.
(B) Both Statement I and Statement II are correct.
(C) Statement I is incorrect but Statement II is correct.
(D) Both Statement I and Statement II are incorrect.

27. Read the following scenario and answer the question:
A researcher is studying a population where children have low weight for their height due to a recent famine. This specific condition is:
(A) Stunting
(B) Obesity
(C) Hidden Hunger
(D) Wasting

28. Which pillar of food security refers to the "nutritious impact" of food on the body, involving clean water and sanitation?
(A) Availability
(B) Utilization
(C) Access
(D) Stability

29. The Public Distribution System (PDS) in India is primarily designed to address which aspect of food security?
(A) Food Stability only
(B) Nutrient Utilization
(C) Economic Access and Availability
(D) Genetic Disease Prevention

30. Arrange the following steps in the food security chain in chronological order:
1. Agricultural Production
2. Procurement by FCI
3. Storage in Godowns
4. Distribution through Fair Price Shops
(A) 1-2-3-4
(B) 4-3-2-1
(C) 1-3-2-4
(D) 2-1-4-3

31. Which of the following is a primary objective of the WHO ICD system?
(A) Global standardization of clinical disease classification.
(B) Direct financial assistance for developing health systems.

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(C) Mass distribution of vaccines for infectious pathogens.
(D) Global regulation of essential pharmaceutical pricing.

32. Which type of genetic disorder is caused by an extra copy of a chromosome?
(A) Monogenic disorder
(B) Chromosomal disorder
(C) Multifactorial disorder
(D) Mitochondrial disorder

33. Identify the correct pair of an Autosomal Dominant disorder and its symptom:
(A) Sickle Cell Anaemia – Significant difficulties in systemic blood clotting.
(B) Huntington's Disease – Progressive neurological degeneration.
(C) Turner Syndrome – Presence of a redundant or extra Y chromosome.
(D) Colour Blindness – Accelerated and progressive skeletal muscle wasting.

34. Which of the following is an INCORRECT pair regarding genetic inheritance?
(A) Cystic Fibrosis – Autosomal dominant
(B) Haemophilia – Sex-linked recessive
(C) Thalassemia – Autosomal recessive
(D) Down Syndrome – Chromosomal trisomy

35. Which of the following is NOT a sex-linked genetic disorder?
(A) Haemophilia
(B) Colour Blindness
(C) Sickle Cell Anaemia
(D) Duchenne Muscular Dystrophy

36. What is the most appropriate description of Sickle Cell Anaemia?
(A) A pathological state where essential white blood cells are deficient.
(B) A physiological disease caused by chronic dietary iodine deficiency.
(C) A severe viral infection affecting the hematopoietic bone marrow.
(D) A disorder where red blood cells assume a rigid sickle shape.

37. If a child is born with only one X chromosome (45, X), the child is diagnosed with:
(A) Down Syndrome
(B) Klinefelter Syndrome
(C) Turner Syndrome
(D) Edward Syndrome

38. Read the following statements and select the correct option:
Statement I: Communicable diseases are always transmitted through direct physical touch.
Statement II: Vector-borne diseases like Malaria require an intermediate organism for transmission.
(A) Statement I is incorrect but Statement II is correct.
(B) Both Statement I and Statement II are correct.
(C) Statement I is correct but Statement II is incorrect.
(D) Both Statement I and Statement II are incorrect.

39. Read the following scenario and answer the question:
A village experiences a sudden outbreak of Typhoid. The health officer suspects the local well. This mode of transmission is:
(A) Airborne
(B) Vector-borne
(C) Direct contact
(D) Waterborne

40. Which term defines a disease that naturally spreads from vertebrate animals to humans?
(A) Zoonotic disease
(B) Idiopathic disease
(C) Psychosomatic disease
(D) Congenital disease

41. Which of the following diseases is transmitted through airborne droplets?
(A) Cholera
(B) Malaria
(C) Tuberculosis
(D) Tetanus

42. Which of the following is a correct statement regarding Non-Communicable Diseases (NCDs)?
(A) They include heart disease, stroke, and various cancers.
(B) They are primarily triggered by virulent bacteria and viruses.

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(C) They are cured effectively by brief courses of oral antibiotics.
(D) They only impact geriatric populations in high-income countries.

43. Which of the following is an INCORRECT statement regarding Cardiovascular Diseases (CVDs)?
(A) Primary status as the leading cause of global mortality.
(B) Tobacco consumption as a high-risk factor for heart disease.
(C) Hypertension as a critical driver of myocardial infarction.
(D) Recent decade-long reduction in Indian CVD mortality.

44. Identify the correct pair regarding Diabetes:
(A) Type 1 – Insulin resistance
(B) Gestational – Occurs during pregnancy
(C) Type 2 – Absolute insulin deficiency
(D) Type 1 – Most common in adults over 40

45. Which of the following is an INCORRECT pair regarding cancer types?
(A) Carcinoma – Epithelial tissue
(B) Leukemia – Blood cells
(C) Lymphoma – Nervous system
(D) Sarcoma – Bone or muscle tissue

46. Which of the following is NOT considered a major Chronic Respiratory Disease?
(A) Asthma
(B) COPD
(C) Occupational lung diseases
(D) Lung Cancer

47. What is the "best" indicator of long-term chronic undernutrition in a child?
(A) Stunting
(B) Wasting
(C) Underweight
(D) Night Blindness

48. Read the following scenario and answer the question:
A patient presents with chronic cough, wheezing, and shortness of breath, primarily linked to long-term exposure to indoor air pollution. This is most likely:
(A) Diabetes
(B) Chronic Respiratory Disease
(C) Cardiovascular disease
(D) A genetic chromosomal disorder

49. Read the following statements and select the correct option:
Statement I: Mental disorders are solely caused by genetic factors.
Statement II: Social and environmental factors play a significant role in the global burden of mental health.
(A) Statement I is incorrect but Statement II is correct.
(B) Both Statement I and Statement II are correct.
(C) Statement I is correct but Statement II is incorrect.
(D) Both Statement I and Statement II are incorrect.

50. In a community with a "double burden of malnutrition," one would expect to see:
(A) Coexistence of undernutrition and obesity.
(B) High rates of infectious diseases only.
(C) High rates of starvation only.
(D) Equal distribution of food among all classes.

51. Which term describes the state of being without reliable access to a sufficient quantity of affordable, nutritious food?
(A) Food Security
(B) Food Surplus
(C) Food Insecurity
(D) Food Stability

52. The Global Hunger Index (GHI) is published annually by which organizations?
(A) WHO and UNICEF
(B) World Bank and IMF
(C) FAO and WTO
(D) Concern Worldwide and Welthungerhilfe

53. Which of the following statements is correct regarding India's ranking in the Global Hunger Index?
(A) India consistently ranks in the 'Low' hunger category.
(B) India has the lowest child wasting rate in the world.
(C) India's ranking has often been in the 'Serious' category.

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(A) It provides codes for signs, symptoms, and abnormal findings.
(B) It is used only for infectious diseases.
(C) It is currently in its 11th revision (ICD-11).
(D) It helps in tracking national health trends.

77. Identify the correct pair of a chromosomal disorder and its chromosomal notation:
(A) Turner Syndrome – 47, XXY
(B) Klinefelter Syndrome – 45, X
(C) Down Syndrome – 47, XX, +21
(D) Patau Syndrome – 47, XX, +18

78. Which of the following is an INCORRECT pair?
(A) Thalassemia – Blood disorder
(B) Diabetes – Metabolic disorder
(C) Asthma – Respiratory disorder
(D) Malaria – Genetic disorder

79. Which of the following is NOT a foodborne pathogen?
(A) Plasmodium
(B) Salmonella
(C) E. coli
(D) Listeria

80. What is the best strategy to address the "Utilization" pillar of food security?
(A) Increasing the minimum support price for crops.
(B) Improving access to clean water and sanitation.
(C) Building more cold storage facilities.
(D) Providing cash transfers to the poor.

81. Read the following scenario and answer the question:
A doctor is counseling a couple who are both carriers of the Thalassemia gene. The child has a 25% chance of having the disease. This inheritance pattern is:
(A) Autosomal Dominant
(B) Autosomal Recessive
(C) Sex-linked Dominant
(D) Y-linked

82. Read the following statements and select the correct option:
Statement I: Stunting is a reversible condition if nutrition improves after the age of five.
Statement II: Stunting has long-term effects on cognitive development and physical work capacity.
(A) Statement I is incorrect but Statement II is correct.
(B) Both Statement I and Statement II are correct.
(C) Statement I is correct but Statement II is incorrect.
(D) Both Statement I and Statement II are incorrect.

83. Read the following scenario and answer the question:
A child in a drought-affected region loses weight rapidly and becomes dangerously thin. This clinical condition is:
(A) Stunting
(B) Obesity
(C) Wasting
(D) Goitre

84. What does the term "Global Burden of Disease" (GBD) measure?
(A) Measuring total yearly deaths within a specific nation.
(B) Calculating the net annual profit of global medical firms.
(C) Tracking the number of primary care hospitals constructed.
(D) Quantifying population health loss via mortality and disability.

85. Which mental health condition contributes significantly to the global burden of disease?
(A) Color blindness
(B) Haemophilia
(C) Depression
(D) Down Syndrome

86. Which of the following is a correct statement about the GHI indicators?
(A) Child stunting reflects short-term weight loss.
(B) Child wasting reflects acute undernutrition.
(C) Child mortality is not included in the GHI.
(D) Undernourishment is measured only for children under five.

87. Which of the following is an INCORRECT statement about NFSA 2013?
(A) It provides for a maternity benefit of not less

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(A) It uses child mortality as one of its indicators.
(B) It ignores the nutritional status of children.
(C) It provides a multi-dimensional measure of hunger.
(D) It helps track progress toward Zero Hunger.

66. Identify the correct pair of a mode of transmission and a prevention method:
(A) Airborne – Wearing masks
(B) Waterborne – Using mosquito nets
(C) Vector-borne – Boiling drinking water
(D) Direct contact – Social distancing for obesity

67. Which of the following is an INCORRECT pair?
(A) PDS – Public Distribution System
(B) NFSA – National Food Security Act
(C) GHI – Global Health Index
(D) ICD – International Classification of Diseases

68. Which of the following is NOT a type of malnutrition?
(A) Undernutrition
(B) Micronutrient deficiency
(C) Overnutrition
(D) Communicable deficiency

69. What is the most appropriate term for "weight-for-age" that is low for a child's development?
(A) Stunting
(B) Wasting
(C) Underweight
(D) Obesity

70. Read the following scenario and answer the question:
A person living in an area with unstable food prices due to frequent floods is facing a problem with which pillar of food security?
(A) Utilization
(B) Stability
(C) Availability
(D) Access

71. Read the following statements and select the correct option:
Statement I: Autosomal recessive disorders only manifest if both parents carry the mutated gene.
Statement II: A carrier parent of an autosomal recessive disorder always shows symptoms of the disease.
(A) Statement I is correct but Statement II is incorrect.
(B) Both Statement I and Statement II are correct.
(C) Statement I is incorrect but Statement II is correct.
(D) Both Statement I and Statement II are incorrect.

72. Read the following scenario and answer the question:
In a community, many children have bowed legs and stunted growth. Upon investigation, it is found they lack Vitamin D. This is an example of:
(A) Hidden Hunger
(B) Starvation
(C) Overnutrition
(D) Genetic Disorder

73. What is the definition of "Prevalence" in the context of NCDs?
(A) The number of new cases identified within a specific time period.
(B) The relative speed at which a specific disease spreads through water.
(C) Total count of all cases in a population at a specific time.
(D) The statistical genetic probability of offspring inheriting a trait.

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74. Which major NCD is characterized by abnormal cell growth with the potential to invade other parts of the body?
(A) Cancer
(B) Diabetes
(C) Stroke
(D) Hypertension

75. Which of the following is a correct statement about the distribution of Sickle Cell Anaemia in India?
(A) It is found exclusively in the coastal regions of South India.
(B) It is only found in the high-altitude Himalayan belt.
(C) It does not exist in the Indian subcontinent.
(D) High prevalence exists among various Central Indian tribal groups.

76. Which of the following is an INCORRECT statement about the ICD system?

98. Which of the following is an INCORRECT statement regarding sickle cell anaemia?
(A) It is a communicable disease.
(B) It causes red blood cells to become sickle-shaped.
(C) It can lead to severe pain and organ damage.
(D) It is inherited from parents.

99. Identify the correct pair of a genetic disorder and its type:
(A) Down Syndrome – Autosomal dominant
(B) Sickle cell anaemia – Chromosomal
(C) Colour blindness – Sex-linked recessive
(D) Thalassemia – Sex-linked dominant

100. What is the best way to categorize Diabetes in the ICD system?
(A) Infectious disease
(B) External cause of injury
(C) Chromosomal abnormality
(D) Endocrine and metabolic disease

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(B) The eldest woman of the household is the head of the household for issuing ration cards.
(C) It covers up to 75% of the rural population.
(D) It provides for the privatization of the entire PDS system.

88. Identify the correct pair regarding disease transmission:
(A) Dengue – Aedes mosquito
(B) Influenza – Contaminated water
(C) Cholera – Mosquito bite
(D) Malaria – Airborne droplets

89. Which of the following is an INCORRECT pair?
(A) Thalassemia – Mediterranean Anaemia
(B) Haemophilia – Bleeder's Disease
(C) Turner Syndrome – Fragile X
(D) Down Syndrome – Mongolism (Historical term)

90. Which of the following is NOT a characteristic of Non-Communicable Diseases?
(A) They can be spread through coughing and sneezing.
(B) They are often associated with lifestyle factors.
(C) They require long-term management.
(D) They are the leading cause of death in many middle-income countries.

91. What is the most appropriate description of "Food Stability"?
(A) The physical availability of food in the market.
(B) The nutritional content of the food being consumed.
(C) The genetic stability of the crops produced.
(D) Consistent access to food despite shocks or cyclical events.

92. Read the following scenario and answer the question:
A public health worker notes that a community has access to calories but suffers from Vitamin A deficiency. This community is suffering from:
(A) Undernutrition
(B) Micronutrient malnutrition
(C) Overnutrition
(D) Genetic mutation

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93. Read the following statements and select the correct option:
Statement I: Cardiovascular diseases include coronary heart disease and cerebrovascular disease.
Statement II: High blood pressure is not considered a risk factor for cardiovascular diseases.
(A) Statement I is correct but Statement II is incorrect.
(B) Both Statement I and Statement II are correct.
(C) Statement I is incorrect but Statement II is correct.
(D) Both Statement I and Statement II are incorrect.

94. Which of the following is an application of the ICD system in a hospital?
(A) To decide the food menu for patients.
(B) To determine the salary of doctors.
(C) To design the architecture of the hospital.
(D) To code medical records for insurance and statistics.

95. Which term refers to the "utilization" pillar of food security specifically?
(A) Body's ability to use the nutrients in food.
(B) Building more roads to transport food.
(C) Providing subsidies for seeds.
(D) Reducing the import duty on pulses.

96. Which of the following is a factual statement about the Global Hunger Index (GHI)?
(A) Initial publication by international health agencies in 2023.
(B) Scoring nations on a 0–100 scale where 100 is poorest.
(C) Periodic publication by the World Health Organization only.
(D) Measuring the average height and weight of adult populations.

97. Which of the following is a correct statement regarding "wasting"?
(A) It is the result of long-term chronic malnutrition.
(B) It indicates a recent and severe process of weight loss.
(C) It is synonymous with "overweight."
(D) It is measured by comparing height to age.

of Queen Victoria. It is a sex-linked recessive disorder where the blood's ability to clot is severely impaired due to the lack of specific clotting factors. This condition leads to prolonged bleeding from even minor injuries and is much more common in males than females.

10. (C) A is true but R is false.
Down syndrome is a chromosomal disorder where an individual has forty-seven chromosomes instead of the standard forty-six. This condition is caused by the presence of an extra copy of chromosome twenty-one, a state known as trisomy twenty-one. It is not caused by monosomy, which refers to the absence of a chromosome, such as in Turner syndrome.

11. (A) I and II only
Turner syndrome is a chromosomal condition that exclusively affects females and is characterized by the complete or partial absence of one X chromosome. Affected individuals typically exhibit short stature and may face various developmental or medical challenges. While it involves a loss of genetic material, it does not lead to increased height, which is a common misconception.

12. (B) They are exclusively caused by genetic mutations.
Communicable diseases are caused by pathogenic microorganisms like bacteria, viruses, or parasites and can spread between individuals. They often require a transmission medium, such as water or a biological vector. In contrast, genetic mutations cause hereditary disorders that are not infectious. Therefore, claiming that communicable diseases are exclusively caused by genetic mutations is factually incorrect within medical science.

13. (A) P-4, Q-1, R-2, S-3
Ringworm is primarily spread through direct contact with infected skin or surfaces. Malaria is a classic vector-borne disease transmitted by mosquitoes. Tuberculosis spreads through airborne droplets released during coughing or sneezing. Cholera is a major waterborne disease caused by consuming contaminated water or food. Understanding these transmission modes is vital for implementing effective public health measures and prevention.

14. (D) Rabies – Stray Dogs
Zoonotic diseases are infections that naturally spread from vertebrate animals to humans. Rabies is a well-known example where the virus is typically transmitted through the bite or saliva of infected animals, particularly stray dogs. Other zoonotic examples include avian influenza from birds and certain types of tuberculosis from cattle, highlighting the importance of animal health in prevention.

15. (A) Both A and R are true and R is the correct explanation of A.
Hepatitis A is often transmitted through the fecal-oral route, frequently involving the consumption of contaminated food or water. Foodborne transmission occurs when pathogens are ingested via tainted food products, making hygiene and sanitation critical for prevention. This mechanism explains how infectious agents travel from a source to a host, highlighting the role of food in disease transmission.

16. (A) I and II only
Non-communicable diseases are health conditions of long duration that generally progress slowly and are not transmitted from person to person. Major examples include heart disease, cancer, and diabetes. In contrast, influenza and cholera are infectious diseases characterized by rapid spread through pathogens. Understanding the chronic nature of these conditions is essential for managing long-term healthcare strategies globally.

17. (B) Cancer – Declining incidence due to urbanisation
India faces a rising burden of non-communicable diseases due to rapid urbanization and lifestyle changes. While cardiovascular diseases and diabetes show increasing prevalence and mortality, the incidence of cancer is also rising rather than declining. Factors such as aging populations and environmental pollution contribute significantly to this trend, making cancer a major and growing public health challenge today.

18. (A) P-4, Q-2, R-1, S-3
Cardiovascular diseases are often linked to high saturated fat intake and poor diet. Type two diabetes is strongly associated with a

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ANSWERS

1. (A) I and II only
The International Classification of Diseases is a global standard for health data, maintained by the World Health Organization. It allows for the systematic recording and analysis of morbidity and mortality data across different countries. While used for health management and clinical purposes, it is not updated by the World Bank, which is an international financial institution.

2. (A) Disorders caused by abnormalities in an individual's genome.
Genetic disorders occur when an individual's genome contains abnormalities, such as mutations in a single gene or changes in chromosome structure. These conditions are typically inherited from parents but can also result from new mutations during development. They differ from infectious or nutritional diseases because they originate from an organism's underlying genetic blueprint rather than external environmental pathogens.

3. (A) P-2, Q-1, R-4, S-3
Huntington's disease is an autosomal dominant disorder, while sickle cell anaemia follows an autosomal recessive inheritance pattern. Haemophilia is a well-known sex-linked recessive condition affecting blood clotting. Down syndrome results from a chromosomal abnormality, specifically the trisomy of chromosome twenty-one. These distinct inheritance patterns are essential for identifying the risk and progression of various hereditary conditions in clinical settings.

4. (A) 1-2-3-4
The International Classification of Diseases follows a specific hierarchical structure to categorize health conditions. It begins with broad chapters based on disease types or body systems. These chapters are subdivided into blocks, which further break down into three-character categories. The most detailed level is the four-character subcategory, which provides specific clinical information about the particular disease or condition.

5. (A) Both A and R are true and R is the correct explanation of A.
Colour blindness is a sex-linked recessive trait where the relevant gene is located on the X chromosome. Since males have only one X chromosome, a single mutated gene leads to the condition. Females, having two X chromosomes, must inherit two copies of the mutation to be affected, making the disorder significantly more prevalent among the male population globally.

6. (A) I and II only
Autosomal dominant disorders manifest when only one copy of a mutated gene is present in an individual. If one parent has the disorder, each child has a fifty percent probability of inheriting the gene. Unlike recessive traits, these disorders typically appear in every generation of a family pedigree and do not skip generations unless there is incomplete penetrance.

7. (D) Cystic Fibrosis
Cystic fibrosis is a classic example of an autosomal recessive disorder, requiring an individual to inherit two copies of the mutated gene. Conditions like Marfan syndrome and achondroplasia follow an autosomal dominant pattern. In recessive inheritance, carriers have one mutated gene but do not show symptoms, whereas affected individuals must have both genes mutated to manifest the disease.

8. (A) P-2, Q-3, R-1, S-4
Disease prevalence in India often follows geographical patterns. Sickle cell anaemia is highly prevalent in central and tribal belts. Beta thalassemia is commonly observed in North and West India. Goitre is frequently linked to iodine-deficient Himalayan regions, while Japanese encephalitis is concentrated in the Terai and eastern regions. These distributions are influenced by genetic factors and environmental conditions.

9. (A) Both Statement I and Statement II are correct.
Haemophilia is famously known as the Royal Disease because it affected several descendants

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27. (D) Wasting
Wasting is a clinical condition characterized by low weight for an individual's height, often indicating a recent and severe process of weight loss. This condition is frequently associated with acute situations such as famine or severe illness, where nutritional intake is suddenly and drastically reduced. Unlike stunting, which reflects long-term chronic malnutrition, wasting highlights urgent nutritional needs requiring medical attention.

28. (B) Utilization
The utilization pillar of food security refers to the body's ability to effectively use the nutrients obtained from food. This involves not only the intake of various nutrients but also the presence of clean water, proper sanitation, and adequate healthcare to prevent diseases that could interfere with nutrient absorption. It ensures that food consumption leads to positive health and nutritional outcomes.

29. (C) Economic Access and Availability
The Public Distribution System in India is a government-managed initiative designed to enhance food security by ensuring the physical availability and economic accessibility of essential food grains. By providing subsidized items through a network of fair price shops, the system helps vulnerable populations afford basic nutritional requirements. It acts as a crucial social safety net to mitigate poverty.

30. (A) 1-2-3-4
The food security chain in India begins with agricultural production by farmers. The Food Corporation of India then procures these food grains at minimum support prices. These stocks are subsequently kept in large godowns for storage to ensure stability. Finally, the grains are moved through the distribution network to fair price shops, where they are made available to citizens.

31. (A) Global standardization of clinical disease classification.
A primary objective of the World Health Organization's International Classification of Diseases is the global standardization of clinical disease classification. This system allows health professionals and researchers worldwide to use a common language for reporting and monitoring health conditions. By providing a uniform coding structure, it facilitates the collection, analysis, and comparison of health data across different countries.

32. (B) Chromosomal disorder
Chromosomal disorders are a category of genetic conditions caused by abnormalities in the number or structure of chromosomes. A common type involves the presence of an extra copy of a chromosome, known as trisomy. These disorders differ from monogenic diseases, which result from mutations in a single gene, and multifactorial disorders, which involve a combination of multiple factors.

33. (B) Huntington's Disease – Progressive neurological degeneration.
Huntington's disease is a prominent example of an autosomal dominant disorder characterized by progressive neurological degeneration. This condition leads to the breakdown of nerve cells in the brain, affecting physical and mental abilities over time. Other conditions mentioned, such as Turner syndrome and colour blindness, follow different inheritance patterns and involve distinct clinical symptoms that do not align with dominance.

34. (A) Cystic Fibrosis – Autosomal dominant
Cystic fibrosis is an autosomal recessive disorder, meaning an individual must inherit two copies of the mutated gene to manifest the condition. This contrasts with autosomal dominant disorders, where only one mutated gene is required. Other pairs, such as haemophilia being sex-linked recessive and Down syndrome being a chromosomal trisomy, correctly identify the genetic basis of those specific conditions.

35. (C) Sickle Cell Anaemia
Sickle cell anaemia is an autosomal recessive disorder, meaning the gene responsible is located on one of the non-sex chromosomes. In contrast, haemophilia, colour blindness, and Duchenne muscular dystrophy are sex-linked genetic disorders, usually linked to mutations on the X chromosome. These sex-linked conditions show different patterns of inheritance between males and females compared to autosomal traits.

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sedentary lifestyle and high sugar consumption. Tobacco smoking is a primary risk factor for chronic obstructive pulmonary disease, causing significant lung damage over time. Mental disorders are frequently influenced by psychological stress and social isolation, highlighting health's multifaceted nature.

19. (C) Concurrent prevalence of infectious and chronic diseases.
The double burden of disease refers to the simultaneous prevalence of infectious diseases and chronic non-communicable conditions within a single population. This phenomenon is common in developing nations where traditional health challenges like malnutrition and infection persist while lifestyle-related diseases like diabetes and hypertension increase. It places a significant strain on healthcare systems that manage both types of issues.

20. (A) Both A and R are true and R is the correct explanation of A.
Mental disorders contribute significantly to the global burden of disease because they often result in long-term disability rather than immediate mortality. These conditions affect an individual's ability to function in society, leading to substantial economic productivity loss. Addressing mental health is therefore crucial for improving overall population well-being and reducing the socio-economic impacts associated with chronic psychological conditions.

21. (A) I and III only
The Global Hunger Index is a multi-dimensional tool used to measure and track hunger levels globally. It is calculated using four key indicators: undernourishment, child wasting, child stunting, and child mortality. On its one-hundred-point scale, a score of zero represents no hunger, while a score of one hundred indicates the worst possible situation, meaning higher scores reflect hunger.

22. (B) Micronutrient deficiencies despite sufficient caloric intake.
Hidden hunger is a form of malnutrition where an individual consumes enough calories but lacks essential micronutrients such as vitamins and minerals. This condition often goes unnoticed because the physiological signs of starvation are absent, yet it significantly impairs health, development, and immune function. It remains a major global health challenge, particularly in areas where diets lack diverse food sources.

23. (A) P-2, Q-1, R-4, S-3
Malnutrition is categorized by specific physical indicators. Stunting refers to low height for a child's age, indicating chronic undernutrition. Wasting describes low weight for height, reflecting acute weight loss. Underweight is defined as low weight for age, which can be influenced by both stunting and wasting. Overnutrition involves excessive nutrient intake, often leading to obesity and related health complications.

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24. (A) Bihar
Within the Indian context, Bihar has historically reported some of the highest rates of stunting among children. This reflects persistent challenges with chronic undernutrition, maternal health, and socio-economic factors in the region. Monitoring these rates is essential for implementing targeted nutritional interventions and public health programs aimed at improving the long-term developmental outcomes for the state's younger population.

25. (B) Both A and R are true but R is not the correct explanation of A.
Food security is achieved when all individuals have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs. The National Food Security Act of 2013 is a specific legislative effort in India to provide subsidized food grains to approximately two-thirds of the population. While the act supports food security goals, these are distinct concepts.

26. (A) Statement I is correct but Statement II is incorrect.
Undernutrition is a broad category of malnutrition that includes stunting, wasting, and being underweight due to insufficient nutrient intake. In contrast, overnutrition is characterized by excessive intake of calories and nutrients, often leading to obesity. While micronutrient deficiencies can coexist with overnutrition, the primary characteristic is an excess rather than a deficiency, making the second statement fundamentally incorrect.

(D) India has achieved the zero-hunger target as per the GHI.

54. Which of the following is an INCORRECT statement regarding malnutrition types?
(A) Stunting is defined as low height for age.
(B) Overnutrition only refers to the lack of proteins.
(C) Wasting is defined as low weight for height.
(D) Underweight is defined as low weight for age.

55. Identify the correct pair regarding the pillars of food security:
(A) Access – Nutritional quality of food
(B) Utilization – Affordability of food
(C) Stability – Biological absorption of nutrients
(D) Availability – Physical existence of food

56. Which of the following is an INCORRECT pair regarding malnutrition distribution in India?
(A) Punjab – Highest rate of undernutrition in India
(B) Kerala – Low malnutrition rates
(C) Bihar – High stunting rates
(D) Jharkhand – High wasting rates

57. Which of the following is NOT a pillar of Food Security?
(A) Availability
(B) Access
(C) Sustainability
(D) Utilization

58. Which of the following is the best description of "Food Access"?
(A) Having the economic and physical means to obtain food.
(B) Having sufficient food at the national level.
(C) The body's ability to absorb nutrients.
(D) The consistent supply of food over time.

59. If a country has plenty of food in its warehouses but the poor cannot afford to buy it, which pillar of food security is compromised?
(A) Availability
(B) Utilization
(C) Stability
(D) Access

60. Read the following statements and select the correct option:
Statement I: The National Food Security Act was passed in 2013.
Statement II: It covers 100% of the rural population and 75% of the urban population.
(A) Statement I is correct but Statement II is incorrect.
(B) Both Statement I and Statement II are correct.
(C) Statement I is incorrect but Statement II is correct.
(D) Both Statement I and Statement II are incorrect.

61. Under the NFSA 2013, eligible persons are entitled to receive 5 kg of foodgrains per person per month at subsidized prices of:
(A) Rs. 3, 2, 1 for Rice, Wheat, Coarse grains
(B) Rs. 10, 8, 5 for Rice, Wheat, Coarse grains
(C) Rs. 15, 12, 10 for Rice, Wheat, Coarse grains
(D) Free of cost for all categories

62. What is the medical term for the "trisomy 21" chromosomal disorder?
(A) Edward Syndrome
(B) Patau Syndrome
(C) Cri-du-chat Syndrome
(D) Down Syndrome

63. Which disease is characterized by the body's inability to produce enough haemoglobin, leading to severe anaemia?
(A) Thalassemia
(B) Diabetes
(C) Hypertension
(D) Asthma

64. Which of the following statements about zoonotic diseases is correct?
(A) They cannot be transmitted from animals to humans.
(B) COVID-19 is widely considered to have zoonotic origins.
(C) They are caused only by large parasites like worms.
(D) They are exclusively inherited genetic disorders.

65. Which of the following is an INCORRECT statement regarding the GHI?

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36. (D) A disorder where red blood cells assume a rigid sickle shape.
Sickle cell anaemia is a genetic blood disorder where red blood cells lose their typical round shape and become rigid and sickle-shaped. This transformation occurs due to an abnormality in the haemoglobin molecule, which carries oxygen throughout the body. These irregular cells can get stuck in small blood vessels, leading to blockages, severe pain, and potentially serious organ damage.

37. (C) Turner Syndrome
Turner syndrome is a chromosomal disorder that occurs when a female is born with only one X chromosome, represented by the notation forty-five, X. This condition leads to various developmental issues, such as short stature and ovarian failure. It is distinct from other syndromes like Down or Klinefelter, which involve different chromosomal configurations and result in different characteristics.

38. (A) Statement I is incorrect but Statement II is correct.
Communicable diseases can be transmitted through various modes beyond just direct physical touch, including contaminated water, air, and animal vectors. For example, malaria is a vector-borne disease that requires an intermediate organism like a mosquito to spread from person to person. This highlights that while some infections spread through contact, others rely on environmental factors or biological carriers.

39. (D) Waterborne
Typhoid is a classic example of a waterborne disease caused by the ingestion of water or food contaminated with the bacterium Salmonella typhi. When an outbreak is linked to a local well, it indicates that the water source has become a vehicle for the pathogen. This mode of transmission is a significant public health concern in areas with inadequate sanitation.

40. (A) Zoonotic disease
A zoonotic disease is an infectious condition that naturally spreads from vertebrate animals to humans. These pathogens can include viruses, bacteria, parasites, and fungi that cross the species barrier through direct contact or intermediate vectors. Understanding zoonoses is critical for global health, as many emerging infectious diseases have origins in animal populations before becoming significant threats to human communities.

41. (C) Tuberculosis
Tuberculosis is an infectious disease primarily transmitted through airborne droplets when an infected person coughs, sneezes, or speaks. These tiny particles can remain suspended in the air and be inhaled by others, leading to the spread of the bacteria. In contrast, diseases like cholera are waterborne, and malaria is vector-borne, requiring different prevention strategies to control their transmission.

42. (A) They include heart disease, stroke, and various cancers.
Non-communicable diseases are a diverse group of health conditions that include heart disease, stroke, and various types of cancer. Unlike infectious diseases, they are not caused by acute viral or bacterial infections and cannot be cured by brief courses of antibiotics. Instead, they often result from long-term lifestyle factors, genetics, and environmental exposures, requiring chronic management and sustained interventions.

43. (D) Recent decade-long reduction in Indian CVD mortality.
Cardiovascular diseases remain the leading cause of global mortality and are a significant health challenge in India. While factors like tobacco consumption and hypertension are well-known drivers of heart disease, there has not been a decade-long reduction in CVD mortality in the country. Instead, the burden has been steadily increasing due to changing lifestyles, dietary habits, and physical inactivity.

44. (B) Gestational – Occurs during pregnancy
Gestational diabetes is a specific type of diabetes that occurs during pregnancy in women who did not previously have the condition. Type one diabetes is characterized by an absolute insulin deficiency and typically appears in childhood. Type two diabetes, the most common form in adults, involves insulin resistance. These distinctions are vital for providing appropriate clinical care and management.

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81. (B) Autosomal Recessive
When two carrier parents have a twenty-five percent chance of passing a disease to their child, it indicates an autosomal recessive inheritance pattern. In this case, each parent carries one copy of the mutated gene, and the child must inherit both copies to manifest the condition. This pattern is characteristic of many genetic blood disorders, such as thalassemia and sickle cell.

82. (A) Statement I is incorrect but Statement II is correct.
Stunting is generally considered an irreversible condition if the nutritional deficits occur during the critical first thousand days of a child's life, and it cannot be easily reversed after age five. It has significant long-term effects on cognitive development, educational attainment, and physical work capacity in adulthood. This highlights the importance of early childhood nutrition for lifelong health and productivity.

83. (C) Wasting
Wasting is a clinical condition characterized by rapid weight loss and becoming dangerously thin, typically due to acute factors like drought-induced food shortages. It reflects a severe and recent nutritional deficiency where the body begins to consume its own tissues for energy. This condition requires urgent therapeutic feeding and medical intervention to prevent high rates of morbidity and mortality among children.

84. (D) Quantifying population health loss via mortality and disability.
The Global Burden of Disease measures the total health loss in a population by quantifying both premature mortality and the years lived with disability. This comprehensive approach allows researchers to compare the impact of different diseases and injuries on society. It provides a more complete picture of health than just counting deaths, as it accounts for the long-term effects of conditions.

85. (C) Depression
Depression is a major mental health condition that contributes significantly to the global burden of disease, primarily through its impact on disability and productivity. It is one of the leading causes of non-fatal health loss worldwide, affecting people of all ages and backgrounds. Unlike genetic disorders like haemophilia or Down syndrome, depression's burden is widespread across populations, requiring extensive resources.

86. (B) Child wasting reflects acute undernutrition.
Child wasting is a key indicator in the Global Hunger Index that reflects acute undernutrition, characterized by recent and severe weight loss. This is distinct from child stunting, which indicates chronic undernutrition over a longer period. Both indicators, along with undernourishment and child mortality, are used to provide a multi-dimensional assessment of hunger and nutritional challenges within different countries and regions.

87. (D) It provides for the privatization of the entire PDS system.
The National Food Security Act of 2013 does not provide for the privatization of the entire Public Distribution System; instead, it strengthens the government-led framework for food distribution. The act includes provisions such as maternity benefits and identifying the eldest woman as the head of the household for ration cards. These features are designed to empower women and ensure food reaches households.

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88. (A) Dengue – Aedes mosquito
Dengue is a viral infection primarily transmitted through the bite of the Aedes mosquito, making it a well-known vector-borne disease. In contrast, influenza is typically spread through airborne droplets, cholera is a waterborne disease caused by contaminated water, and malaria is transmitted by the Anopheles mosquito. Correctly matching diseases with their transmission routes is crucial for developing effective prevention and control strategies.

89. (C) Turner Syndrome – Fragile X
Turner syndrome and Fragile X syndrome are two distinct genetic conditions with different chromosomal bases. Turner syndrome involves the absence of an X chromosome in females, while Fragile X is caused by a specific mutation on the X chromosome. Other historical or descriptive terms like Bleeder's Disease for haemophilia and Mediterranean Anaemia for thalassemia are correctly paired based on characteristics.

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for more effective public health strategies to address food insecurity effectively.

54. (B) Overnutrition only refers to the lack of proteins.
Overnutrition refers to an excessive intake of calories and nutrients, often leading to obesity, rather than a lack of proteins. Proteins and other nutrients are typically deficient in various forms of undernutrition, such as stunting and wasting. While individuals with overnutrition can still suffer from specific micronutrient deficiencies, the defining feature of the condition is the excessive consumption of nutrients.

55. (D) Availability – Physical existence of food
Availability refers to the physical existence of food within a country or region, which can be sourced from domestic production, commercial imports, or food aid. It is one of the four essential pillars of food security. Access concerns the economic ability to obtain food, while utilization focuses on the body's biological ability to absorb nutrients from the food consumed.

56. (A) Punjab – Highest rate of undernutrition in India
Punjab is generally known for having lower rates of undernutrition compared to many other Indian states, rather than the highest. In contrast, states like Bihar and Jharkhand often report high levels of stunting and wasting, reflecting more severe nutritional challenges. Kerala is recognized for its relatively low malnutrition rates, demonstrating the impact of better healthcare and social development programs.

57. (C) Sustainability
The four pillars of food security recognized by international organizations are availability, access, utilization, and stability. While sustainability is a critical concept in long-term food production and environmental health, it is not traditionally listed as one of these four foundational pillars. Each of the standard pillars addresses a different aspect of how individuals and populations obtain and benefit from food.

58. (A) Having the economic and physical means to obtain food.
Food access is defined as having both the economic and physical means to obtain appropriate foods for a nutritious diet. Even if food is available in a market, an individual lacks access if they cannot afford it or if physical barriers prevent them from reaching it. Ensuring access often involves addressing poverty, improving infrastructure, and maintaining stable food prices.

59. (D) Access
When food is physically present in warehouses but remains unaffordable for a portion of the population, the access pillar of food security is compromised. Availability ensures the food exists, but access focuses on the individual's ability to obtain it through purchase or other means. This situation often occurs during economic crises or when income inequality prevents the poor from buying necessities.

60. (A) Statement I is correct but Statement II is incorrect.
The National Food Security Act was passed in 2013 to provide legal backing for food security in India. However, it does not cover the entire rural population; instead, it targets seventy-five percent of the rural and fifty percent of the urban population. These coverage limits were designed to focus resources on the most vulnerable segments while ensuring a wide reach.

61. (A) Rs. 3, 2, 1 for Rice, Wheat, Coarse grains
Under the National Food Security Act of 2013, eligible individuals are entitled to receive five kilograms of food grains per month at highly subsidized prices. The specified rates are three rupees per kilogram for rice, two rupees for wheat, and one rupee for coarse grains. These low prices are intended to make basic dietary staples affordable for the majority population.

62. (D) Down Syndrome
Down syndrome is the medical term for the chromosomal disorder characterized by trisomy twenty-one, where an individual has three copies of chromosome twenty-one instead of two. This genetic configuration leads to distinct physical features and varying degrees of intellectual and developmental delays. It is one of the most common chromosomal abnormalities and is typically diagnosed through genetic testing or screening.

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(C) Sikkim
(D) Kerala

9. In the context of Malaria in India, which ecological factor most significantly influences its distribution in high-burden states?
(A) Urban high-rise construction
(B) Desertification of the Rann of Kutch
(C) Forested areas and tribal belts
(D) High-altitude glacial melt

10. Match the diseases in List I with their corresponding regional focus in List II and select the correct answer using the codes given below:
List I: (Disease)
P. Malaria
Q. HIV/AIDS
R. Kala-azar
S. Tuberculosis
List II: (Regional Focus)
1. Sub-Saharan Africa
2. Tropical/Subtropical zones
3. South-East Asia
4. Bihar and Jharkhand
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

11. Which of the following is NOT an example of a tropical disease?
(A) Malaria
(B) Leishmaniasis
(C) Dengue
(D) Frostbite

12. In the geographical variation of Malaria, where is Plasmodium vivax more frequently found compared to Plasmodium falciparum?
(A) Central African regions
(B) Asia and Latin America
(C) Arctic Circle zones
(D) Western European areas

13. Identify the INCORRECT pair regarding high prevalence states for HIV/AIDS in India.
(A) Mizoram - High prevalence
(B) Nagaland - High prevalence
(C) Rajasthan - High prevalence
(D) Manipur - High prevalence

14. Which region is globally recognized as the epicentre of the HIV/AIDS pandemic?
(A) Central Asia
(B) North Africa
(C) Eastern Europe
(D) Sub-Saharan Africa

15. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Dengue distribution in India follows a predominantly urban pattern.
Reason (R): The Aedes aegypti mosquito thrives in man-made containers and densely populated areas.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Consider the following statements and select the correct option:
Statement I: Dengue is globally distributed across tropical and sub-tropical regions.
Statement II: Dengue fever is caused by a bacterial pathogen found in soil.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

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17. Which of the following describes the distribution pattern of Cholera globally?
(A) Limitation to high-income arid desert territories
(B) Endemicity in areas lacking safe water and sanitation
(C) Primary occurrence in mountainous regions above 5000 meters
(D) Exclusive presence in nations with temperate climates

18. In India, which geographical feature is most associated with endemic zones of Cholera?
(A) Riverine and coastal areas
(B) Himalayan peaks

vitamins or minerals, such as Vitamin D, they are experiencing hidden hunger. This condition leads to health issues like bowed legs and stunted growth, which are physical manifestations of micronutrient malnutrition. Unlike total starvation, hidden hunger involves the lack of essential quality in the diet rather than quantity.

73. (C) Total count of all cases in a population at a specific time.
In the context of non-communicable diseases, prevalence refers to the total count of all existing cases within a specific population at a particular point in time. It differs from incidence, which measures only the number of new cases diagnosed during a specific period. Prevalence data is essential for healthcare planners to understand the overall burden of a disease on the system.

74. (A) Cancer
Cancer is a major non-communicable disease characterized by the abnormal and uncontrolled growth of cells that have the potential to invade or spread to other parts of the body. This process interferes with the normal functioning of tissues and organs. It encompasses a wide range of specific diseases and remains one of the leading causes of death and disability globally today.

75. (D) High prevalence exists among various Central Indian tribal groups.
Sickle cell anaemia has a high prevalence among various tribal groups in Central India, reflecting a significant genetic burden in these populations. It is not limited to coastal or Himalayan regions but is concentrated in specific ethnic and geographic belts. National health programs in India are increasingly focusing on screening and managing this condition within these communities to improve outcomes.

76. (B) It is used only for infectious diseases.
The International Classification of Diseases is used to code all types of health conditions, including non-communicable diseases, injuries, and mental disorders, not just infectious diseases. It provides a comprehensive framework for recording signs, symptoms, and abnormal findings across the medical spectrum. The current version, ICD-11, helps health systems worldwide track national and global health trends for all clinical areas.

77. (C) Down Syndrome – 47, XX, +21
Down syndrome is correctly represented by the chromosomal notation forty-seven, XX, plus twenty-one, indicating forty-seven total chromosomes with an extra copy of chromosome twenty-one. Turner syndrome is typically forty-five, X, and Klinefelter syndrome is forty-seven, XXY. These notations are used in genetics to describe the specific chromosomal abnormalities that lead to various syndromes and affect an individual's development and health.

78. (D) Malaria – Genetic disorder
Malaria is an infectious disease caused by parasites and transmitted through mosquito bites, not a genetic disorder inherited from parents. In contrast, thalassemia is a blood disorder, diabetes is a metabolic condition, and asthma is a respiratory disorder. Correctly identifying the cause of a disease is fundamental for determining whether it requires infectious disease control or long-term genetic management.

79. (A) Plasmodium
Plasmodium is the parasite responsible for malaria and is transmitted through the bite of infected mosquitoes, rather than through contaminated food. Pathogens like Salmonella, E. coli, and Listeria are classic examples of foodborne agents that cause illness when ingested via tainted food products. Distinguishing between foodborne and vector-borne pathogens is essential for implementing appropriate public health interventions and safety protocols.

80. (B) Improving access to clean water and sanitation.
Improving access to clean water and sanitation is a key strategy to address the utilization pillar of food security. These measures prevent waterborne diseases and infections that can interfere with the body's ability to absorb and use nutrients effectively. While subsidies improve availability and access, utilization focuses on the biological impact of food on the individual's health and development outcomes.

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63. (A) Thalassemia
Thalassemia is a genetic blood disorder characterized by the body's inability to produce enough haemoglobin, the protein in red blood cells that carries oxygen. This results in the excessive destruction of red blood cells, leading to severe anaemia and other health complications. Patients often require regular blood transfusions and long-term medical care to manage symptoms and prevent damage to organs.

64. (B) COVID-19 is widely considered to have zoonotic origins.
Zoonotic diseases are infections that jump from animals to humans, and many scientists believe that COVID-19 has zoonotic origins. These diseases can be caused by various pathogens, including viruses, bacteria, and parasites, and are not limited to genetic factors. Protecting human health requires monitoring animal populations and understanding the interactions between species that facilitate the transmission of these infectious agents.

65. (B) It ignores the nutritional status of children.
The Global Hunger Index does not ignore the nutritional status of children; in fact, child stunting and child wasting are two of its primary indicators. These metrics specifically measure chronic and acute undernutrition in the younger population. The index provides a multi-dimensional view of hunger by combining these data points with undernourishment and child mortality, helping track global progress.

66. (A) Airborne – Wearing masks
Wearing masks is an effective prevention method for airborne diseases, as it blocks the inhalation of droplets containing pathogens. In contrast, using mosquito nets is a strategy for vector-borne diseases like malaria, and boiling water prevents waterborne illnesses like cholera. Social distancing is used for infectious diseases but is not a relevant prevention method for non-communicable conditions like obesity.

67. (C) GHI – Global Health Index
The acronym GHI stands for the Global Hunger Index, which is a tool used to measure hunger levels, rather than a general Global Health Index. The other acronyms are correctly identified: PDS stands for the Public Distribution System, NFSA for the National Food Security Act, and ICD for the International Classification of Diseases. Ensuring correct terminology is essential for accurate communication.

68. (D) Communicable deficiency
Malnutrition is generally categorized into undernutrition, micronutrient deficiency, and overnutrition. These terms describe various states of improper nutrient intake. In contrast, communicable deficiency is not a recognized medical term for a type of malnutrition. While infectious diseases can lead to nutritional problems, the classification of malnutrition itself focuses on the biological lack or excess of specific dietary components in the body.

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69. (C) Underweight
The term underweight refers specifically to a child having a low weight for their age compared to standard growth charts. This measure provides a general overview of a child's nutritional status but does not distinguish between stunting and wasting. While stunting relates to height and age, and wasting relates to weight and height, being underweight can be a result of either.

70. (B) Stability
Stability in food security refers to the consistent access to food over time, without being affected by sudden shocks such as floods or economic volatility. When frequent disasters or price spikes disrupt the supply and affordability of food, the stability pillar is compromised. Maintaining stability requires robust infrastructure, disaster management plans, and social safety nets to protect populations from unpredictable events.

71. (A) Statement I is correct but Statement II is incorrect.
Autosomal recessive disorders only manifest in an individual if they inherit a mutated gene from both parents. A carrier parent possesses one copy of the mutated gene but typically does not show any symptoms of the disease themselves. This pattern explains why these conditions can remain hidden in a family for generations before appearing when two carriers have a child.

72. (A) Hidden Hunger
When individuals have access to sufficient calories but suffer from deficiencies in specific

90. (A) They can be spread through coughing and sneezing.
Non-communicable diseases cannot be spread through coughing, sneezing, or other forms of casual contact between individuals, as they are not caused by infectious pathogens. Instead, they are often linked to lifestyle factors such as diet and exercise and typically require long-term medical management. These diseases are the leading cause of death globally, highlighting the shift in health toward chronic conditions.

91. (D) Consistent access to food despite shocks or cyclical events.
Food stability refers to the condition where individuals and populations have consistent access to food at all times, without being threatened by sudden shocks like natural disasters or price spikes. This pillar of food security ensures that food is available and accessible regardless of seasonal changes or cyclical events. Achieving stability requires effective storage, supply chains, and safety net programs.

92. (B) Micronutrient malnutrition
When a community has access to sufficient calories but suffers from a lack of specific vitamins like Vitamin A, they are experiencing micronutrient malnutrition. This condition is often called hidden hunger because the symptoms are not as visible as those of caloric starvation. It can lead to serious health problems, such as impaired vision and weakened immune systems, even if individuals appear well-fed.

93. (A) Statement I is correct but Statement II is incorrect.
Cardiovascular diseases encompass a range of conditions affecting the heart and blood vessels, including coronary heart disease and cerebrovascular disease. High blood pressure is universally recognized as a critical risk factor for these conditions, significantly increasing the likelihood of heart attacks and strokes. Understanding the relationship between these factors is essential for the effective prevention and management of health.

94. (D) To code medical records for insurance and statistics.
In a hospital setting, the International Classification of Diseases is used to code medical records for insurance claims, clinical statistics, and research purposes. This standardized system ensures that diagnoses are recorded consistently, allowing for the accurate tracking of health trends and the efficient processing of administrative data. It provides a common language for healthcare providers and administrators across medical facilities.

95. (A) Body's ability to use the nutrients in food.
The utilization pillar of food security refers specifically to the body's biological ability to use the nutrients found in food effectively. This process is influenced by an individual's health status, as well as access to clean water and proper sanitation. Ensuring good utilization means that the food consumed translates into improved nutritional outcomes and supports overall physical and mental development.

96. (B) Scoring nations on a 0–100 scale where 100 is poorest.
The Global Hunger Index scores nations on a scale from zero to one hundred, where zero represents no hunger and one hundred indicates the most severe hunger situation. This multi-dimensional index is published periodically by Concern Worldwide and Welthungerhilfe. It does not measure average adult height but focuses on undernourishment and child-specific health indicators to assess population status.

97. (B) It indicates a recent and severe process of weight loss.
Wasting is an indicator of acute malnutrition that reflects a recent and severe process of weight loss. It is measured by comparing an individual's weight to their height, rather than their age. This condition is often the result of immediate food shortages or severe illness. It is distinct from stunting, which indicates long-term chronic malnutrition and is measured by height.

98. (A) It is a communicable disease.
Sickle cell anaemia is an inherited genetic disorder, not a communicable disease that can be spread from person to person through contact or the environment. It is caused by a mutation in the haemoglobin gene and leads to red blood cells becoming sickle-shaped. This condition can cause significant health issues, including chronic

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pain and organ damage, requiring lifelong medical management.

99. (C) Colour blindness – Sex-linked recessive
Colour blindness is a classic example of a sex-linked recessive disorder where the responsible gene is located on the X chromosome. Down syndrome is a chromosomal disorder caused by trisomy, not an autosomal dominant trait. Sickle cell anaemia and thalassemia are autosomal recessive conditions rather than chromosomal or sex-linked dominant ones. Correctly categorizing these disorders is essential for counseling.

100. (D) Endocrine and metabolic disease
Within the International Classification of Diseases, diabetes is categorized as an endocrine and metabolic disease. This reflects its nature as a condition involving the body's inability to properly regulate blood sugar levels through insulin production or action. It is not classified as an infectious disease, an injury from an external cause, or a chromosomal abnormality, ensuring records reflect pathophysiology.

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CHAPTER 12
Global and Indian Disease Distribution

1. Which concept describes the spatial arrangement and frequency of health-related states across different landmasses and climates?
(A) Systematic mapping of localized disease occurrences
(B) Geographical disease distribution
(C) Analysis of temporal epidemiological transitions
(D) Clustering of regional public health statistics

2. Which of the following is the defining characteristic of "Tropical Diseases" according to the concept of geographical distribution?
(A) Prevalence in equatorial regions with humid climates
(B) Occurrence restricted to high-altitude mountain ranges
(C) Transmission via contaminated water in polar ecosystems
(D) Limitation to diseases within highly industrialized nations

3. Identify the INCORRECT statement regarding the global distribution of Malaria.
(A) It is predominantly found in tropical and subtropical regions.
(B) Sub-Saharan Africa carries a disproportionately high share of the global malaria burden.
(C) Malaria has been completely eradicated from South-East Asia.
(D) Climate and stagnant water play key roles in its distribution.

4. Consider the following statements regarding malaria distribution in India and select the correct option:
Statement I: In India, malaria distribution is uniform across all states regardless of forest cover.
Statement II: Certain states are classified as "high burden" due to higher transmission rates and ecological factors.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

5. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Plasmodium falciparum is the dominant malaria parasite in sub-Saharan Africa.
Reason (R): Geographical variation affects the prevalence and survival of different Plasmodium species.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(A) A is true but R is false.
(D) A is false but R is true.

6. Which term describes a disease that is naturally occurring and persistently present in a specific geographical area?
(A) Epidemic
(B) Endemic
(C) Pandemic
(D) Sporadic

7. Which of the following regions globally reports the highest number of Tuberculosis (TB) cases annually?
(A) Western Europe
(B) North America
(C) Oceania
(D) South-East Asia

8. Which state in India is traditionally identified among those with a high burden of Tuberculosis?
(A) Uttar Pradesh
(B) Goa

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45. (C) Lymphoma – Nervous system
Lymphoma is a type of cancer that originates in the lymphatic system, which is part of the body's immune network, rather than the nervous system. Carcinomas arise from epithelial tissues, while leukaemias affect blood-forming cells. Sarcomas develop in connective tissues like bone or muscle. Correctly identifying the origin of different cancers is essential for determining the most effective clinical treatment protocols.

46. (D) Lung Cancer
Major chronic respiratory diseases include conditions such as asthma, chronic obstructive pulmonary disease, and various occupational lung diseases that affect the airways and lung structures over long periods. While lung cancer affects the respiratory system, it is medically classified under the broader category of oncology or cancers. This distinction is important for public health surveillance and health system organization.

47. (A) Stunting
Stunting is widely considered the best indicator of long-term chronic undernutrition in children. It reflects a failure to reach linear growth potential due to persistent nutritional deficiencies or frequent infections over an extended period. While wasting indicates acute weight loss and underweight reflects a combination of factors, stunting provides a more accurate measure of the cumulative effects of poor nutrition.

48. (B) Chronic Respiratory Disease
Chronic respiratory diseases are characterized by long-term symptoms such as chronic cough, wheezing, and shortness of breath. These conditions are often triggered or worsened by environmental factors like indoor air pollution from cooking fuels or tobacco smoke. Managing these diseases involves reducing exposure to harmful pollutants and providing clinical treatments to improve lung function and overall quality of life.

49. (A) Statement I is incorrect but Statement II is correct.
Mental disorders are not solely caused by genetic factors but result from a complex interaction between biological, social, and environmental influences. While genetics can create a predisposition, factors such as poverty, trauma, and social isolation contribute significantly to the global burden. This multifaceted origin means that effective interventions must address both individual clinical needs and broader socio-economic conditions globally.

50. (A) Coexistence of undernutrition and obesity.
A community facing a double burden of malnutrition experiences the coexistence of undernutrition and overnutrition. This means that while some individuals, particularly children, may suffer from stunting or wasting, others in the same population or even the same household may be overweight or obese. This complex nutritional scenario is increasingly common in middle-income countries undergoing rapid lifestyle transitions.

51. (C) Food Insecurity
Food insecurity is the state of being without reliable access to a sufficient quantity of affordable and nutritious food. This condition can be temporary or chronic and is often driven by factors such as poverty, unstable markets, or environmental disasters. It prevents individuals from leading active and healthy lives and remains a primary target for global development goals today.

52. (D) Concern Worldwide and Welthungerhilfe
The Global Hunger Index is published annually by the international humanitarian organizations Concern Worldwide and Welthungerhilfe. It was originally developed by the International Food Policy Research Institute. The index provides a comprehensive measure of hunger levels across regions, helping policymakers and aid agencies prioritize resources and track progress toward eliminating hunger and malnutrition on a global scale periodically.

53. (C) India's ranking has often been in the 'Serious' category.
India's ranking in the Global Hunger Index has frequently placed it in the serious category, reflecting high levels of hunger and malnutrition. Despite various government interventions, the country continues to struggle with high rates of child wasting and stunting compared to many other nations. These rankings highlight the need

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(C) Arid regions of Thar
(D) Deccan plateau scrublands

19. Kala-azar (Visceral Leishmaniasis) is highly endemic in which specific states of India?
(A) Punjab and Haryana
(B) Kerala and Tamil Nadu
(C) Bihar and Jharkhand
(D) Gujarat and Maharashtra

20. Consider the following statements regarding Diabetes distribution:
I. Prevalence is higher in urban areas of India compared to rural areas.
II. Developed countries show a higher historical prevalence compared to developing ones.
III. It is strictly a communicable disease restricted to tropical zones.
Which of the above statement(s) is/are correct?
(A) II and III only
(B) I and III only
(C) I, II and III
(D) I and II only

21. Which disease is primarily restricted to specific river basins in India, such as the Gangetic plains of Bihar and West Bengal?
(A) Cardiovascular disease
(B) Malaria
(C) Kala-azar
(D) Diabetes

22. Identify the correct pair of disease and its specific Indian distribution pattern.
(A) Japanese Encephalitis - Predominantly in Western Rajasthan
(B) Kala-azar - Gangetic plains (Bihar/UP)
(C) Dengue - Exclusively rural Himalayan belt
(D) Leprosy - Only in coastal Karnataka

23. Which of the following best describes the global distribution of Leprosy?
(A) Persistent presence limited only to North America
(B) Successful eradication in all tropical nations
(C) Restriction to extremely cold and mountainous regions
(D) Endemic status in several tropical developing nations

24. Which of the following is a high-burden state for Leprosy in India?
(A) Odisha
(B) Chandigarh
(C) Himachal Pradesh
(D) Jammu and Kashmir

25. Match the conditions in List I with their global distribution patterns in List II and select the correct answer:
List I: (Condition)
P. Diabetes
Q. Cardiovascular Diseases
R. Nutritional Deficiencies
S. Iodine Deficiency
List II: (Global Distribution Pattern)
1. High burden in low and middle-income countries
2. Goiter belts in mountainous regions
3. Increasing rapidly in developing nations
4. Historically higher in developed nations
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

26. Consider the following statements and select the correct option:
Statement I: Global cancer distribution shows that types of cancer vary significantly by region.
Statement II: Liver and stomach cancers are more prevalent in parts of Asia compared to Western nations.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

27. Which state-wise pattern is observed for Cancer distribution in India?
(A) Distribution limited exclusively to the southern states
(B) Uniform distribution showing no significant variation
(C) Strict limitation to the Indian coastal maritime belt
(D) High incidence rates within the North-East region

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9. (C) Forested areas and tribal belts
In India, the distribution of malaria is heavily influenced by ecological settings like dense forests and tribal regions. These areas often provide the ideal humidity and stagnant water required for vector breeding. Furthermore, geographical isolation and limited access to healthcare in these belts contribute to a sustained high burden, making them critical focal points for national control efforts.

10. (A) P-2, Q-1, R-4, S-3
Different health conditions show distinct geographical concentrations based on biological and social factors. Malaria thrives in tropical zones, while HIV/AIDS has a significant impact on populations in sub-Saharan Africa. Locally, Kala-azar is highly endemic to specific riverine states like Bihar and Jharkhand, whereas tuberculosis remains a major health concern across the high-density regions of South-East Asia.

11. (D) Frostbite
Tropical diseases include infections like malaria, leishmaniasis, and dengue, which are prevalent in warm, humid climates. These conditions are typically transmitted by biological vectors like mosquitoes. Frostbite, however, is a physical injury caused by exposure to extreme cold and freezing temperatures. It is not an infectious disease and is therefore not categorized within the group of tropical ailments.

12. (B) Asia and Latin America
Plasmodium vivax has a broader geographical range than Plasmodium falciparum because it can develop in the mosquito vector at lower temperatures. This adaptability allows it to persist in temperate regions and various parts of Asia and Latin America. In contrast, Plasmodium falciparum is more restricted to the warmer equatorial climates of central Africa and similar tropical zones.

13. (C) Rajasthan - High prevalence
In India, certain North-Eastern states like Mizoram, Nagaland, and Manipur are identified as having high HIV prevalence rates due to specific transmission drivers. Rajasthan is not traditionally categorized in the same high-prevalence group as these states. The geographical distribution of the virus often clusters around transit corridors and specific high-risk populations, varying significantly across the different regions of the country.

14. (D) Sub-Saharan Africa
Sub-Saharan Africa is recognized as the global epicentre of the HIV/AIDS pandemic, hosting a significant majority of people living with the virus worldwide. The high burden in this region is driven by complex socio-economic factors and biological transmission dynamics. Efforts to manage the pandemic globally focus heavily on this region to reduce new infections and improve healthcare access.

15. (A) Both A and R are true and R is the correct explanation of A.
Dengue distribution in India is primarily an urban phenomenon because the primary vector, Aedes aegypti, thrives in human-made environments. These mosquitoes prefer breeding in artificial containers like pots and tanks found in densely populated cities. Consequently, rapid urbanization and inadequate water management create the perfect conditions for the mosquito to survive and transmit the virus within metropolitan areas.

16. (A) Statement I is correct, but Statement II is incorrect.
Dengue is a viral infection transmitted by mosquitoes, found globally in tropical and sub-tropical regions where temperatures support the vector's life cycle. It is not caused by a bacterial pathogen found in soil, as its transmission relies entirely on biological vectors. The prevalence of the disease is closely tied to climatic conditions that allow for mosquito survival and reproduction.

17. (B) Endemicity in areas lacking safe water and sanitation
Cholera is a waterborne disease caused by Vibrio cholerae, which spreads through the ingestion of contaminated food or water. It remains endemic in regions where infrastructure for safe water and proper sewage disposal is insufficient. This pattern of distribution is primarily linked to socio-economic conditions and environmental hygiene rather than being limited to specific climates or industrial statuses.

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(A) HIV/AIDS - Sub-Saharan Africa
(B) Malaria - Tropical regions
(C) Leprosy - Polar regions
(D) Cholera - Sanitation-poor zones

38. Vitamin A deficiency distribution is most critical in which global demographic?
(A) Elderly populations residing in Western Europe
(B) Young children across South Asia and Africa
(C) Industrial workforce members in North America
(D) Urban adult populations located in Australia

39. In the context of India, which state is historically linked with high Japanese Encephalitis outbreaks?
(A) Kerala
(B) Punjab
(C) Gujarat
(D) Uttar Pradesh

40. Match the disease types in List I with their distribution factors in List II and select the correct answer:
List I: (Disease Type)
P. Nutritional Deficiency
Q. Cardiovascular Disease
R. Tropical Disease
S. Emerging Disease
List II: (Distribution Factor)
1. Climate and Vector habitat
2. Modernization and lifestyle
3. Socio-economic status and diet
4. Environmental change and mutation
(A) P-3, Q-2, R-1, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

41. Which region in India has traditionally reported high cases of Filariasis?
(A) Arid plains of Western Rajasthan
(B) High altitude zones of Ladakh
(C) Coastal Odisha and Andhra Pradesh
(D) Semi-arid regions of Haryana

42. Global distribution of Mental Health disorders indicates:
(A) Global prevalence across all regional income levels
(B) Minimal occurrence within developing countries
(C) Exclusive occurrence in urban centers of the USA
(D) Specific linkage to tropical and humid climates

43. Which of the following is a primary driver for the "Re-emergence" of diseases like Malaria or TB?
(A) Improved vaccination coverage
(B) Decreased global travel
(C) Reforestation projects
(D) Antimicrobial resistance

44. Regarding the global distribution of Cancer, which type is most frequently associated with regions having high tobacco consumption?
(A) Skin Cancer
(B) Lung Cancer
(C) Bone Cancer
(D) Brain Cancer

45. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Cardiovascular diseases are no longer just "diseases of affluence."
Reason (R): Low and middle-income countries now face a rising burden due to the globalization of risk factors.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

46. Consider the following statements and select the correct option:
Statement I: Iodine deficiency disorders are limited to coastal regions.
Statement II: Goiter belts are commonly found in the Himalayan foothills in India.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both statements are correct.
(D) Both statements are incorrect.

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North
(B) Limitation to the high-altitude Alpine regions
(C) Classification as a non-vector-borne illness
(D) Widespread outbreaks within urban centers

68. Cholera is globally endemic in zones where:
(A) Limited access to safe water and sanitation
(B) Highly advanced water treatment facilities
(C) Environments with extremely low population density
(D) Climates with permanent below-freezing temperatures

69. Which of the following is the primary vector for Kala-azar distribution in India?
(A) Anopheles mosquito
(B) Culex mosquito
(C) Phlebotomus sandfly
(D) Tsetse fly

70. Match the nutritional issues in List I with their corresponding impacted populations or regions in List II and select the correct answer:
List I: (Nutritional Issue)
P. Vitamin A Deficiency
Q. Anaemia
R. Iodine Deficiency
S. Protein-Energy Malnutrition
List II: (Impacted Population/Region)
1. Women and Children in India
2. Himalayan Goiter Belt
3. Children in South Asia/Africa
4. Developing world children
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-2, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

71. Filariasis distribution in India is often linked to:
(A) Extremely dry desert air currents
(B) High altitude zones of Ladakh
(C) Poor drainage and Culex mosquito breeding
(D) Geologically active volcanic soil regions

72. Japanese Encephalitis outbreaks in India are seasonally linked to:
(A) Peak summer heatwaves
(B) Post-monsoon and rice cultivation cycles
(C) Winter snowfalls
(D) Spring bloom seasons

73. Global Leprosy distribution shows that the majority of new cases are reported from:
(A) Regions exclusive to the European Union
(B) Arid environments of the Saharan desert
(C) High-burden countries including India and Brazil
(D) Developed nations with large geriatric populations

74. Which of the following describes the Diabetes pattern in India?
(A) Higher urban burden due to lifestyle and diet
(B) Rural areas surpassing urban areas in prevalence
(C) A significant decrease of the disease in urban India
(D) Limitation to pediatric cases under five years old

75. Arrange the following states in descending order of their historical Kala-azar burden:
1. Bihar
2. West Bengal
3. Jharkhand
4. Punjab
(A) 1-3-2-4
(B) 1-2-3-4
(C) 4-3-2-1
(D) 2-1-3-4

76. Cancer distribution varies by region globally. For example, Esophageal cancer is highly prevalent in:
(A) The Amazon rainforest
(B) The "Central Asian Silk Road" belt
(C) The Australian outback
(D) Small islands in the Pacific

77. Cardiovascular diseases globally account for:
(A) Negligible percentage of global mortality rates
(B) Deaths only in nations with high tobacco taxes
(C) Illnesses restricted to the 18-25 age demographic
(D) Leading cause of death across all income levels

78. Mental health disorders distribution is often neglected in:

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56. Which of the following is a symptom of Iodine deficiency commonly seen in endemic areas?
(A) Goiter
(B) Night blindness
(C) Rickets
(D) Scurvy

57. Vitamin A deficiency is a leading cause of which condition in children globally?
(A) Hearing loss
(B) Brittle bones
(C) Skin rashes
(D) Preventable blindness

58. Anaemia distribution in India is particularly high among:
(A) Pregnant women
(B) Adolescent boys
(C) Elderly men
(D) Urban sportsmen

59. Which disease is characterized by "re-emerging" in urban areas due to insecticide resistance?
(A) Diabetes
(B) Goiter
(C) Malaria
(D) Cancer

60. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Tropical diseases often show a seasonal spike during monsoon months.
Reason (R): Increased rainfall provides breeding grounds for various insect vectors.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

61. Which concept explains why certain diseases are restricted to the tropics?
(A) Principles of biological determinism
(B) Climate patterns and vector ecology
(C) Prevailing levels of industrial pollution
(D) General patterns of longitudinal variation

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62. In India, Plasmodium falciparum is more prevalent in:
(A) High-burden forested states like Odisha
(B) Densely populated urban metropolitan cities
(C) Extremely cold regions of the Kashmir valley
(D) Arid and desert regions of western Rajasthan

63. Which species of Malaria parasite is known for a wider global distribution because it can develop in lower temperatures?
(A) Plasmodium falciparum
(B) Plasmodium malariae
(C) Plasmodium vivax
(D) Plasmodium ovale

64. Tuberculosis global distribution is heavily influenced by:
(A) High altitude environments and low oxygen levels
(B) Excessive consumption patterns of various sea-foods
(C) Genetic characteristics unique to polar populations
(D) Socio-economic factors like overcrowding and poverty

65. Consider the following statements regarding HIV/AIDS in India:
I. Prevalence is higher in some North-Eastern states.
II. It is primarily transmitted through contaminated air.
III. High-risk groups and certain geographical corridors show higher prevalence.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I and III only
(C) II and III only
(D) I, II and III

66. Which global region has seen the fastest increase in Diabetes prevalence in recent decades?
(A) Western European territories
(B) Developing nations in Asia and Africa
(C) Remote Antarctic research zones
(D) Northern Canadian provinces

67. Dengue distribution in India is characterized as:
(A) Exclusive winter disease restricted to the

(C) Expansion of urban high-technology parks
(D) Coastal salt pans and evaporation ponds

91. Which of the following is true about Leprosy distribution in India?
(A) A uniform distribution across every district
(B) Restriction exclusively to the state of Kerala
(C) Seasonal occurrence limited only to the winter
(D) Endemic status among marginalized populations

92. Global Diabetes distribution shows that:
(A) Absence of any Diabetes cases in developed nations
(B) Surge in developing nations due to nutrition transition
(C) Limitation of cases to the Western Hemisphere only
(D) Significant decrease in prevalence across all of Asia

93. In India, the North-Eastern states show a unique pattern of high incidence for which cancer type?
(A) Skin Cancer cases
(B) Bone Cancer types
(C) Oesophageal cancers
(D) Prostate Cancer types

94. The rising burden of Cardiovascular diseases in urban India is primarily attributed to:
(A) Significant increase in daily physical activity
(B) Adaptations to living at very high altitudes
(C) Drastic improvements in metropolitan air quality
(D) Sedentary lifestyles and processed food intake

95. Mental health disorders like Depression and Anxiety:
(A) Global prevalence with varied treatment access
(B) Restriction exclusively to high-wealth nations
(C) Confinement to the Southern Hemisphere regions
(D) Lower prevalence in rural regions compared to urban centers

96. Nutritional deficiency diseases are a major public health concern in:
(A) High-income geographical clusters
(B) Low-income geographical clusters
(C) Only in the Arctic region
(D) Only in desert oases

97. Goiter distribution is most prevalent in regions where:
(A) Excessive consumption patterns of salted sea fish
(B) Soil iodine depletion due to flooding or glaciation
(C) Heavy seasonal rainfall across coastal plain areas
(D) Regional altitudes maintained well below sea level

98. Anaemia prevalence among Indian children is approximately:
(A) Very high prevalence, often exceeding fifty percent
(B) Minimal prevalence levels of less than five percent
(C) One percent prevalence restricted to rural sectors
(D) Total absence of cases within urban child populations

99. Which of the following is a characteristic of "Re-emerging" diseases?
(A) Categorization as entirely novel viral strains
(B) Specific limitation to domesticated livestock
(C) Reappearance of known diseases after a decline
(D) Resolution via simple dietary vitamin supplements

100. Global disease distribution is a dynamic process influenced by:
(A) Solely the impacts of global climate change
(B) Patterns of large-scale human migration only
(C) Longitudinal coordinates of a specific country
(D) Combined environmental and socio-economic factors

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(A) Policy discussions within developing nations
(B) High-income international medical journals
(C) Specialized psychiatric clinics in Europe
(D) Principles of modern sustainable urban planning

79. Iodine deficiency distribution is primarily a:
(A) Genetic disorder
(B) Virus-driven outbreak
(C) Geochemical deficiency in soil and water
(D) Result of over-consumption of salt

80. Consider the following statements regarding Emerging Diseases:
I. They can be caused by newly identified pathogens.
II. They often result from zoonotic spillovers.
III. They are primarily found in regions with cold polar climates.
Which of the above statement(s) is/are correct?
(A) II and III only
(B) I and II only
(C) I and III only
(D) I, II and III

81. Which state is NOT typically classified as a high-burden state for Malaria in India?
(A) Odisha
(B) Punjab
(C) Chhattisgarh
(D) Jharkhand

82. Globally, which infectious disease is the leading killer among people living with HIV?
(A) Tuberculosis
(B) Malaria
(C) Cholera
(D) Leprosy

83. India has the highest global burden of which of the following diseases?
(A) Ebola
(B) Yellow Fever
(C) Tuberculosis
(D) Sleeping Sickness

84. The prevalence of HIV/AIDS is significantly higher in which geographical part of Africa?
(A) Northern African regions
(B) Western Sahara territories
(C) Mediterranean coastal zones
(D) Southern and Eastern Africa

85. In India, HIV prevalence is often higher among which group geographically?
(A) High-altitude mountain dwelling populations
(B) Isolated and remote island tribal communities
(C) Migrant populations along major transit corridors
(D) Rural farming communities located in Punjab

86. Dengue is most likely to be distributed in which environment?
(A) Sparsely populated coniferous forest environments
(B) Densely populated urban areas with water storage
(C) High-pressure, dry mountain peak environments
(D) Open sea and deep ocean maritime environments

87. Which of the following is a known "endemic zone" for Cholera globally?
(A) The Rocky Mountains
(B) The Sahara Desert
(C) The Siberian Tundra
(D) The Ganges Delta

88. Kala-azar in India is geographically concentrated in which river basin?
(A) Gangetic Basin
(B) Indus Basin
(C) Krishna Basin
(D) Cauvery Basin

89. Which vector is responsible for the distribution of Lymphatic Filariasis in India?
(A) Sandfly
(B) Ticks
(C) Culex mosquito
(D) Black fly

90. Japanese Encephalitis is geographically linked to areas with:
(A) Concentration of pig farming and rice paddies
(B) Large scale sheep rearing in arid drylands

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28. In India, Cardiovascular diseases (CVDs) show which specific burden pattern?
(A) Higher burden among rural agricultural worker populations
(B) Higher urban burden driven by changing lifestyle factors
(C) Specific limitation to pediatric populations in the North
(D) Significant decreasing trend across all metropolitan cities

29. Which of the following is NOT categorized as a nutritional deficiency disease?
(A) Goiter
(B) Anaemia
(C) Hypertension
(D) Vitamin A deficiency

30. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Iodine deficiency is often geographically clustered in "Goiter Belts."
Reason (R): These belts are typically located in mountainous areas where soil iodine has been leached.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which group is identified as having a high distribution of Anaemia in India?
(A) Women of reproductive age and children
(B) Adult males in the industrial sector
(C) Elderly men in rural areas
(D) Adolescent boys in urban schools

32. The concept of "Emerging Diseases" refers to:
(A) Diseases that have been eradicated for over a century
(B) New infections appearing or spreading to new locations
(C) Nutritional disorders caused by excessive calorie intake
(D) Chronic health conditions that exclusively affect the elderly

33. Which of the following is an example of a "Re-emerging Disease"?
(A) Common cold
(B) Tuberculosis (in drug-resistant forms)
(C) Type 2 Diabetes
(D) Scurvy

34. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Mental health disorders show a global distribution that is often under-reported in developing countries.
Reason (R): Cultural stigma and lack of diagnostic infrastructure lead to geographical gaps in data.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

35. Consider the following statements regarding Japanese Encephalitis (JE) in India:
I. It is primarily a vector-borne viral disease.
II. Its distribution is heavily concentrated in the paddy-growing belts of Uttar Pradesh and Bihar.
III. It is exclusively found in the dry deserts of Rajasthan.
Which of the above statement(s) is/are correct?
(A) II and III only
(B) I and III only
(C) I and II only
(D) I, II and III

36. Which of the following best explains the "Urban Pattern" of Dengue in India?
(A) Widespread presence of livestock in urban environments
(B) Superior air quality in cities versus rural locations
(C) Mosquito migration from forests to high-rise structures
(D) Rapid urbanization combined with artificial water storage

37. Identify the INCORRECT pair regarding global disease distribution.

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ANSWERS

1. (B) Geographical disease distribution
Geographical disease distribution examines the spatial patterns and frequencies of health-related events across various regions. It considers factors such as climate, topography, and landmasses to understand where specific conditions occur most frequently. This discipline helps public health officials identify hotspots and allocate resources efficiently to address localized or widespread health challenges globally.

2. (A) Prevalence in equatorial regions with humid climates
Tropical diseases are infectious conditions that thrive primarily in hot and humid environments found near the equator. These climates provide ideal breeding grounds for vectors like mosquitoes and snails, which transmit parasites and viruses. High temperatures and consistent rainfall facilitate the life cycles of pathogens, making these regions particularly vulnerable to such health issues.

3. (C) Malaria has been completely eradicated from South-East Asia.
Malaria remains a significant public health challenge across South-East Asia, despite various control programs. While many countries in the region have made substantial progress in reducing transmission, the disease has not been eliminated entirely. It continues to affect populations in tropical and subtropical zones where stagnant water and warm climates support the breeding of Anopheles mosquitoes.

4. (B) Statement I is incorrect, but Statement II is correct.
Malaria distribution in India is highly variable and depends on specific ecological and environmental factors. Regions with dense forest cover and tribal belts often face a higher burden of the disease compared to more arid or developed areas. Consequently, health authorities categorize certain states as high-burden zones based on their specific transmission rates and local environmental conditions.

5. (A) Both A and R are true and R is the correct explanation of A.
Plasmodium falciparum is the most common malaria parasite found in sub-Saharan Africa due to favorable environmental conditions. Geographical factors such as temperature and humidity significantly influence the survival and reproduction of various Plasmodium species. Therefore, the environmental characteristics of this region directly support the dominance of this specific parasite over others in the local population.

6. (B) Endemic
An endemic disease is one that is consistently present within a particular geographical area or population group. Unlike an epidemic, which involves a sudden surge in cases, an endemic condition maintains a baseline level of occurrence. This steady presence often results from stable environmental factors or social conditions that facilitate the continuous transmission of the specific pathogen.

7. (D) South-East Asia
South-East Asia currently reports the highest number of new tuberculosis cases annually on a global scale. This high burden is linked to factors such as population density, socio-economic challenges, and healthcare access. The region's environmental and social landscape creates a complex environment for managing the spread of this bacterial infection, requiring intensive public health interventions.

8. (A) Uttar Pradesh
Uttar Pradesh is identified as a state with a high burden of tuberculosis in India. The large population size and varied socio-economic conditions contribute to the significant number of cases reported there. Public health strategies in this region focus on improving diagnostic reach and treatment adherence to combat the persistent transmission of the disease within the community.

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47. In the state-wise pattern of India, which region shows a high prevalence of Anaemia among children?
(A) Widespread across states like Bihar and Madhya Pradesh
(B) Restriction to the urban populations of New Delhi
(C) Isolated presence within remote island territories
(D) Strict confinement to the Western Ghats mountain range

48. Arrange the following regions in descending order of their historical HIV/AIDS burden:
1. Sub-Saharan Africa
2. South-East Asia
3. Western Europe
4. North America
(A) 1-2-4-3
(B) 1-4-2-3
(C) 4-1-2-3
(D) 2-1-3-4

49. Which of the following is an example of an "Emerging" viral disease that has seen global spread?
(A) Smallpox
(B) Ebola
(C) Polio
(D) Scurvy

50. Consider the following statements regarding Kala-azar in India:
I. It is caused by the Leishmania parasite.
II. It is transmitted by the sandfly.
III. Its prevalence is currently highest in the state of Bihar.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II and III

51. What is the primary geographical pattern of Diabetes in India?
(A) High urban prevalence due to sedentary lifestyles
(B) High rural prevalence due to intensive physical labor
(C) Uniform distribution across urban and rural populations
(D) Distribution restricted to the Himalayan mountain region

52. Which factor is most responsible for the endemic nature of Cholera in specific zones?
(A) Variations in high-altitude atmospheric pressure
(B) Limited sunlight exposure in tropical rainforests
(C) Contaminated water sources and poor sewage systems
(D) Excessive application of synthetic chemical fertilizers

53. Globally, nutritional deficiency diseases are most concentrated in:
(A) High-income countries belonging to the OECD
(B) Highly developed Scandinavian national regions
(C) Sparsely populated regions of the Antarctic continent
(D) Low and middle-income countries on a global scale

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54. The "Goiter Belt" in India is primarily associated with which geographical feature?
(A) The Thar Desert
(B) The Deccan Plateau
(C) The Himalayan region
(D) The Rann of Kutch

55. Match the diseases in List I with their specific Indian patterns or states in List II and select the correct answer:
List I: (Disease)
P. Japanese Encephalitis
Q. Filariasis
R. Malaria
S. Leprosy
List II: (Specific Indian Pattern/State)
1. High burden in Tribal/Forest belts
2. Paddy fields of Eastern UP
3. Coastal endemicity
4. High burden in Odisha/Bihar
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-1, S-4

18. (A) Riverine and coastal areas
In India, cholera is frequently associated with riverine and coastal geographical features. These environments often facilitate the survival of the bacteria in water sources used by local populations. High population density near these water bodies, combined with poor sanitation practices, creates a persistent cycle of infection. This makes such low-lying areas historically prone to outbreaks and endemicity.

19. (C) Bihar and Jharkhand
Kala-azar, or visceral leishmaniasis, is highly endemic in specific states in eastern India, particularly Bihar and Jharkhand. The environmental conditions in the Gangetic plains provide a suitable habitat for the sandfly vector that transmits the parasite. Control programs target these specific regions because of the unique ecological and social factors that sustain the disease in these local populations.

20. (D) I and II only
Diabetes prevalence in India is notably higher in urban settings compared to rural areas due to dietary changes and sedentary lifestyles. Historically, developed nations showed higher rates of this non-communicable disease. However, it is not a communicable tropical illness. The shifting global burden now shows a rapid increase in developing nations as they undergo nutritional and lifestyle transitions.

21. (C) Kala-azar
Kala-azar is a parasitic infection whose distribution in India is largely restricted to the humid river basins of the Gangetic plains. States like Bihar and West Bengal are primarily affected because the local soil and climate favor the breeding of the sandfly vector. This geographical focus distinguishes it from more widespread conditions like cardiovascular disease or malaria in the country.

22. (B) Kala-azar - Gangetic plains (Bihar/UP)
Different diseases in India exhibit specific geographical patterns linked to their vectors and environment. Kala-azar is famously concentrated in the Gangetic plains of Bihar and Uttar Pradesh. Conversely, Japanese Encephalitis is common in paddy-growing regions of the east, and dengue is predominantly urban. Understanding these distinct regional burdens is essential for planning targeted healthcare interventions across the nation.

23. (D) Endemic status in several tropical developing nations
Leprosy remains an endemic health concern in several tropical and developing countries across the globe. While the total number of cases has decreased significantly over decades, transmission still occurs in specific pockets of South Asia, Africa, and South America. The persistence of the disease in these regions is often linked to socio-economic factors and challenges in early diagnosis.

24. (A) Odisha
Odisha is recognized as a high-burden state for leprosy in India, along with several other eastern and central states. Despite national efforts to eliminate the disease, certain geographical areas continue to report a higher number of new cases. This concentration necessitates focused public health strategies, including enhanced screening and treatment programs, to address the localized persistence of the infection.

25. (C) P-3, Q-4, R-1, S-2
Health conditions follow diverse global patterns; diabetes is rising in developing nations, while cardiovascular diseases were historically more prevalent in developed regions. Nutritional deficiencies frequently affect low and middle-income countries due to resource constraints. Iodine deficiency is particularly noted in mountainous regions where the soil lacks the necessary minerals. These variations reflect the complex interplay between environment, economy, and health.

26. (C) Both statements are correct.
The distribution of cancer types varies significantly across different global regions due to environmental exposures and lifestyle habits. In parts of Asia, liver and stomach cancers are notably more common than in Western countries, often linked to infections like hepatitis or dietary factors. This geographical diversity highlights the need for region-specific cancer prevention and screening programs to effectively manage the burden.

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63. (C) Plasmodium vivax
Plasmodium vivax has a wider global distribution compared to other malaria parasites because it can complete its life cycle at lower temperatures. This ability allows it to thrive in temperate climates where other species cannot survive. Consequently, it is the most widespread cause of malaria outside of Africa, affecting diverse geographical regions across Asia, Latin America, and parts of Europe.

64. (D) Socio-economic factors like overcrowding and poverty
The global distribution of tuberculosis is heavily influenced by socio-economic factors, especially poverty and overcrowded living conditions. These environments facilitate the airborne transmission of the bacteria from person to person. Additionally, poor nutrition and limited access to healthcare in these settings increase the likelihood of individuals developing active disease, making tuberculosis a persistent challenge in economically disadvantaged geographical regions.

65. (B) I and III only
HIV/AIDS prevalence in India shows a geographical pattern where certain North-Eastern states and major transit corridors have higher rates of infection. The virus is not transmitted through contaminated air, but rather through specific biological routes. High-risk groups and populations along busy transportation routes are more frequently affected, leading to localized clusters of the disease that require targeted prevention and care.

66. (B) Developing nations in Asia and Africa
Developing nations in Asia and Africa have experienced the fastest increase in diabetes prevalence over recent decades. This rapid rise is linked to societal changes such as urbanization and the adoption of diets high in sugar and fat. As these regions undergo a nutrition transition, the burden of non-communicable diseases like diabetes often grows faster than the local healthcare systems can manage.

67. (D) Widespread outbreaks within urban centers
Dengue distribution in India is characterized by frequent and widespread outbreaks within major urban centers. The disease is transmitted by mosquitoes that have adapted to live and breed in human-made environments found in cities. As a result, the high density of people and the prevalence of artificial water storage create the ideal conditions for the virus to spread rapidly during outbreaks.

68. (A) Limited access to safe water and sanitation
Cholera is globally endemic in regions where populations have limited access to safe drinking water and proper sanitation facilities. The causative bacteria thrive in contaminated water, and in the absence of effective waste management, the infection spreads quickly through the community. These environmental conditions are the primary reason for the disease's persistence in many low-income and crisis-affected geographical areas.

69. (C) Phlebotomus sandfly
The Phlebotomus sandfly is the primary vector responsible for the distribution of Kala-azar in India. These small insects thrive in the humid environments and specific soil conditions found in the Gangetic plains. By biting humans and transmitting the Leishmania parasite, the sandfly maintains the cycle of the disease in endemic states like Bihar, making vector control a key part of elimination.

70. (B) P-3, Q-1, R-2, S-4
Nutritional issues are often specific to certain populations; vitamin A deficiency impacts children in South Asia and Africa, while anaemia is very common among Indian women and children. Iodine deficiency is historically concentrated in "goiter belts" like the Himalayas. Protein-energy malnutrition remains a serious concern for children throughout the developing world, reflecting broader patterns of food insecurity and poor diet.

71. (C) Poor drainage and Culex mosquito breeding
Filariasis distribution in India is closely linked to environments with poor drainage and stagnant water, which serve as breeding grounds for the Culex mosquito. These mosquitoes carry the parasitic worms that cause the disease. This pattern is especially common in urban and semi-urban areas where sanitation infrastructure is inadequate, allowing the vector to thrive and maintain the infection locally.

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36. (D) Rapid urbanization combined with artificial water storage
The urban pattern of dengue in India is caused by rapid city growth and the common practice of storing water in artificial containers. These containers provide perfect breeding sites for the Aedes aegypti mosquito, which has adapted to living close to humans. High population density in cities further facilitates the rapid transmission of the virus once an outbreak begins.

37. (C) Leprosy - Polar regions
Most global diseases show specific geographical links based on environment and socio-economics. HIV/AIDS is most prevalent in sub-Saharan Africa, and malaria is common in the tropics. Cholera thrives in areas with poor sanitation. However, leprosy is not associated with polar regions; instead, it is found in tropical and subtropical developing nations, making the connection to cold climates incorrect.

38. (B) Young children across South Asia and Africa
Vitamin A deficiency is a major health crisis affecting young children, particularly in South Asia and Africa. In these regions, diets often lack sufficient micronutrients, leading to severe health consequences like impaired immunity and vision loss. Public health programs focused on supplementation and food fortification target these specific geographical areas to reduce childhood morbidity and preventable blindness on a large scale.

39. (D) Uttar Pradesh
Uttar Pradesh has a long history of Japanese Encephalitis outbreaks, especially in its eastern districts. The region's extensive rice cultivation and high density of livestock create a favorable environment for the transmission cycle between mosquitoes, pigs, and humans. These ecological factors make the state a primary focus for immunization and vector control efforts to prevent regular seasonal occurrences.

40. (A) P-3, Q-2, R-1, S-4
Health conditions are influenced by various factors: nutritional issues stem from socio-economic status and diet, while cardiovascular diseases are linked to modernization. Tropical diseases depend on climate and vector habitats, and emerging diseases often arise from environmental changes or pathogen mutations. Understanding these drivers helps explain why certain illnesses are more common in specific regions or among certain populations.

41. (C) Coastal Odisha and Andhra Pradesh
In India, filariasis is traditionally endemic in coastal regions, including Odisha and Andhra Pradesh. These areas provide the humid climate and stagnant water sources necessary for the Culex mosquito, the primary vector, to thrive. The geographical distribution of this disease is closely linked to poor drainage systems in these warm, moist environments, leading to a persistent local health burden.

42. (A) Global prevalence across all regional income levels
Mental health disorders occur globally and affect individuals across all income levels and geographical regions. While the types of disorders and the available treatment options may vary, no country is immune to the burden of conditions like depression and anxiety. This global distribution highlights the importance of integrating mental health services into general healthcare systems regardless of a nation's wealth.

43. (D) Antimicrobial resistance
Antimicrobial resistance is a primary driver for the re-emergence of diseases such as malaria and tuberculosis. When pathogens develop the ability to survive treatments that once killed them, previously controlled diseases can begin to spread again. This challenge complicates global health efforts, as it requires the development of new medications and strategies to manage infections that were once manageable.

44. (B) Lung Cancer
Lung cancer is the type most frequently associated with regions that have high levels of tobacco consumption. Because smoking is a major risk factor, the geographical distribution of this cancer often mirrors the prevalence of tobacco use in the population. Public health campaigns focusing on smoking cessation are vital in these areas to reduce the incidence and mortality of this disease.

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45. (A) Both A and R are true and R is the correct explanation of A.
Cardiovascular diseases are no longer confined to wealthy nations and are increasingly affecting low and middle-income countries. This shift is due to the globalization of risk factors like tobacco use, unhealthy diets, and reduced physical activity. As these countries adopt more Westernized lifestyles, they face a rising burden of chronic conditions, challenging their healthcare systems which often prioritize infectious diseases.

46. (B) Statement I is incorrect, but Statement II is correct.
Iodine deficiency disorders are not limited to coastal areas and are actually more common in inland and high-altitude regions. In India, the Himalayan foothills are a well-known "goiter belt" because the soil there is naturally deficient in iodine. While coastal people often get iodine from seafood, those in mountainous areas rely on iodine-poor crops, leading to higher rates of deficiency.

47. (A) Widespread across states like Bihar and Madhya Pradesh
Anaemia among children is a widespread health concern in India, with particularly high prevalence rates found in states like Bihar and Madhya Pradesh. This distribution is influenced by socio-economic factors, including food insecurity and limited access to diverse diets rich in iron. These regional patterns necessitate broad nutritional programs and health interventions to address the high burden of the condition.

48. (A) 1-2-4-3
The historical burden of HIV/AIDS shows clear geographical disparities, with sub-Saharan Africa consistently reporting the highest number of cases. South-East Asia also faces a significant burden, followed by North America and then Western Europe. This ranking reflects the varying impact of the pandemic across different regions, influenced by both biological transmission factors and the effectiveness of local public health responses.

49. (B) Ebola
Ebola is a significant example of an emerging viral disease that has caused major outbreaks and spread globally through travel. Initially identified in specific regions of Africa, its high mortality rate and potential for rapid transmission make it a serious international health concern. Unlike eradicated diseases like smallpox, Ebola continues to present new threats as it periodically spills over into human populations.

50. (D) I, II and III
Kala-azar is caused by the Leishmania parasite and is transmitted to humans through the bite of an infected sandfly. In India, the disease is geographically concentrated in the eastern part of the country, with Bihar currently reporting the highest prevalence. All these factors—parasite type, vector involvement, and regional focus—are central to understanding the epidemiology and control of this condition.

51. (A) High urban prevalence due to sedentary lifestyles
In India, the primary geographical pattern of diabetes is characterized by a higher prevalence in urban areas. This trend is largely attributed to lifestyles that involve less physical activity and higher consumption of calorie-dense, processed foods. While rural areas are also seeing an increase, the concentration in cities remains a major focus for public health initiatives targeting non-communicable diseases.

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52. (C) Contaminated water sources and poor sewage systems
The endemic nature of cholera in specific zones is most often caused by the consumption of contaminated water and the absence of effective sewage systems. In areas where sanitation infrastructure is weak, the bacteria can persist and spread easily through the water supply. This environmental factor is the primary driver of outbreaks, especially in densely populated or socio-economically disadvantaged regions.

53. (D) Low and middle-income countries on a global scale
Nutritional deficiency diseases are globally concentrated in low and middle-income countries. These regions often face challenges such as food insecurity, lack of dietary diversity, and limited access to fortified foods. While developed nations may struggle with over-nutrition, the burden of micronutrient deficiencies like iron or iodine

lack remains a significant public health priority in less wealthy geographical areas.

54. (C) The Himalayan region
The "Goiter Belt" in India is primarily located in the Himalayan region due to the natural depletion of iodine in the soil. High altitude and environmental factors cause iodine to be washed away, leaving the local crops and water sources deficient in this essential mineral. Consequently, populations living in these mountainous areas have historically shown higher rates of thyroid-related issues.

55. (D) P-2, Q-3, R-1, S-4
Health conditions in India often follow specific regional patterns; Japanese Encephalitis is linked to eastern rice fields, and filariasis is endemic in coastal areas. Malaria shows a high burden in forested and tribal belts where vectors thrive, while leprosy remains a significant concern in states like Odisha and Bihar. These geographical associations are crucial for designing effective, localized public health programs.

56. (A) Goiter
A goiter, which is the visible enlargement of the thyroid gland, is a common symptom of iodine deficiency in endemic areas. When the body does not receive enough iodine, the thyroid works harder and expands to capture as much of the mineral as possible. This condition is frequently seen in "goiter belts" where soil iodine levels are naturally very low.

57. (D) Preventable blindness
Vitamin A deficiency is a leading cause of preventable blindness in children globally, particularly in developing nations. A lack of this nutrient leads to xerophthalmia, which can progress to permanent vision loss if left untreated. Targeted supplementation and efforts to improve dietary intake are essential public health strategies to prevent this condition and protect the sight of millions of children.

58. (A) Pregnant women
Anaemia prevalence is particularly high among pregnant women in India, as the body's demand for iron increases significantly during this period. Without adequate nutritional intake or supplementation, many women develop deficiencies that can affect both their health and the development of the fetus. This high burden makes maternal iron-folic acid supplementation a cornerstone of national public health programs.

59. (C) Malaria
Malaria is a disease that has shown signs of re-emerging in certain urban areas, partly due to mosquitoes developing resistance to commonly used insecticides. This resistance allows the vector to survive in environments where it was previously controlled, leading to a resurgence of cases. Public health officials must constantly adapt their strategies to manage these resistant mosquito populations in city settings.

60. (A) Both A and R are true and R is the correct explanation of A.
Tropical diseases often experience a seasonal increase during the monsoon months because the heavy rainfall creates numerous breeding sites for insect vectors. Water pooling in various containers and natural depressions provides an ideal environment for mosquitoes to lay eggs and multiply. Consequently, the larger vector population leads to a corresponding rise in the transmission of diseases like malaria and dengue.

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61. (B) Climate patterns and vector ecology
Certain diseases are restricted to the tropics because of specific climate patterns and the ecology of the vectors that transmit them. High temperatures and humidity are essential for the survival and rapid reproduction of mosquitoes and other organisms that carry pathogens. These environmental conditions define the geographical boundaries where such diseases can persist and spread effectively within the human population.

62. (A) High-burden forested states like Odisha
In India, Plasmodium falciparum is the more dangerous malaria parasite and is most prevalent in high-burden, forested states like Odisha. These areas provide the specific ecological conditions, such as high humidity and dense vegetation, that favor the transmission of this species. Health efforts in these regions often focus on this specific parasite due to its potential for causing severe illness.

27. (D) High incidence rates within the North-East region
Cancer incidence in India shows significant regional variation, with the North-East region reporting some of the highest rates in the country. This pattern is often attributed to factors such as high tobacco and betel nut consumption among the local population. These geographical clusters indicate that certain types of cancer are more prevalent in specific states due to local cultural practices.

28. (B) Higher urban burden driven by changing lifestyle factors
Cardiovascular diseases in India exhibit a higher burden in urban areas compared to rural regions. This trend is driven by the adoption of sedentary lifestyles, increased consumption of processed foods, and higher levels of stress associated with city living. As the country continues to urbanize, the prevalence of these non-communicable diseases is expected to rise across metropolitan populations.

29. (C) Hypertension
Nutritional deficiency diseases are caused by a lack of essential nutrients in the diet, such as goiter from iodine deficiency or anaemia from iron lack. Hypertension, however, is a non-communicable condition primarily linked to lifestyle, genetics, and age rather than a specific nutrient deficit. It is characterized by high blood pressure and is not classified as a deficiency disorder.

30. (A) Both A and R are true and R is the correct explanation of A.
Iodine deficiency is geographically clustered in areas known as "Goiter Belts," which are frequently located in high-altitude or mountainous regions. In these environments, heavy rainfall and previous glaciation have leached iodine from the soil. Consequently, crops grown in these areas are iodine-poor, leading to widespread deficiency in the local population who depend on these food sources for nutrition.

31. (A) Women of reproductive age and children
Anaemia is a widespread public health issue in India, with its distribution most heavily concentrated among children and women of reproductive age. These groups have higher physiological requirements for iron, making them more susceptible to deficiency. Socio-economic factors and dietary patterns further influence the prevalence of this condition, requiring targeted nutritional interventions to improve health outcomes in these demographics.

32. (B) New infections appearing or spreading to new locations
Emerging diseases are infections that have recently appeared in a population or those whose incidence or geographical range is rapidly increasing. These can be caused by entirely new pathogens or known agents moving into new areas. Factors like environmental changes, global travel, and zoonotic spillovers contribute to the emergence of these conditions, presenting new challenges for global public health surveillance.

33. (B) Tuberculosis (in drug-resistant forms)
Re-emerging diseases are known conditions that were once under control but are now increasing in incidence. Tuberculosis is a classic example, particularly because of the rise of multi-drug-resistant strains. These resistant forms make the disease harder to treat and allow it to spread again in areas where it was previously declining, posing a significant threat to modern healthcare systems.

34. (A) Both A and R are true and R is the correct explanation of A.
Mental health disorders are globally distributed, yet they often remain under-reported in many developing nations. This reporting gap is primarily due to cultural stigma, which discourages individuals from seeking help, and a lack of specialized diagnostic infrastructure. Consequently, the geographical data for these conditions may not fully reflect the actual burden of mental illness in these specific regions.

35. (C) I and II only
Japanese Encephalitis is a vector-borne viral disease that is significantly concentrated in the paddy-growing regions of India. The stagnant water in rice fields provides ideal breeding grounds for the Culex mosquitoes that transmit the virus. States like Uttar Pradesh and Bihar are particularly affected due to these agricultural practices, making it a seasonal health threat in those areas.

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72. (B) Post-monsoon and rice cultivation cycles
Japanese Encephalitis outbreaks in India are seasonally linked to the post-monsoon period and local rice cultivation cycles. The flooded paddy fields provide an ideal habitat for mosquitoes to breed, while the presence of wading birds and pigs completes the virus's life cycle. This timing results in a predictable surge of cases in agricultural regions after the heavy rains have ended.

73. (C) High-burden countries including India and Brazil
The majority of new leprosy cases globally are reported from a small number of high-burden countries, most notably India and Brazil. While the disease has been eliminated as a public health problem in many nations, it persists in these regions due to complex socio-economic factors. Continued efforts in these countries are essential to reach the goal of global leprosy elimination.

74. (A) Higher urban burden due to lifestyle and diet
In India, diabetes shows a clear geographical pattern with a higher burden in urban areas compared to rural regions. This is primarily attributed to lifestyle changes, including more sedentary habits and a diet higher in refined carbohydrates and fats. As more people move to cities and adopt these habits, the prevalence of diabetes continues to rise across urban populations.

75. (A) 1-3-2-4
Historically, Bihar has carried the highest burden of Kala-azar in India, followed by Jharkhand and West Bengal. These states in the eastern part of the country have the specific ecological conditions needed for the sandfly vector to flourish. In contrast, states like Punjab report very few cases, showing a clear geographical concentration of the disease in the humid Gangetic river basin.

76. (B) The "Central Asian Silk Road" belt
Esophageal cancer shows a unique geographical pattern, with exceptionally high prevalence rates found along the "Central Asian Silk Road" belt. This region, stretching through parts of China, Iran, and Central Asia, faces a heavy burden likely due to dietary habits and environmental factors. This cluster demonstrates how specific types of cancer can be highly localized based on regional lifestyle characteristics.

77. (D) Leading cause of death across all income levels
Cardiovascular diseases have become the leading cause of death worldwide, affecting populations across all income levels. While once considered a problem for wealthy nations, the burden has shifted significantly, with the majority of deaths now occurring in low and middle-income countries. This global distribution underscores the universal need for effective prevention and management of heart disease and stroke risk factors.

78. (A) Policy discussions within developing nations
The distribution and impact of mental health disorders are often neglected in policy discussions within developing nations. While these conditions affect people everywhere, limited resources and competing health priorities like infectious diseases can lead to mental health being sidelined. Addressing this gap requires a shift in public health focus to recognize and manage the significant global burden of mental illness.

79. (C) Geochemical deficiency in soil and water
Iodine deficiency is primarily a geographical health issue caused by a geochemical lack of iodine in the local soil and water. This often occurs in areas that have experienced flooding or intense glaciation, which removes the mineral from the environment. Because people in these regions consume locally grown food, they become deficient, leading to various health problems like goiter and developmental delays.

80. (B) I and II only
Emerging diseases are frequently caused by newly identified pathogens and often result from zoonotic spillovers, where infections jump from animals to humans. These conditions are not restricted to cold polar climates and can appear anywhere environmental or social changes facilitate new contact with pathogens. Understanding these spillover events is crucial for predicting and preventing future outbreaks of novel infectious diseases.

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control a critical component of national child health and nutrition programs.

99. (C) Reappearance of known diseases after a decline
Re-emerging diseases are characterized by the reappearance or increase in cases of known infections that were previously under control or in decline. This can occur due to various reasons, including the development of drug resistance or changes in public health infrastructure. Managing these diseases is a challenge for global health, as it requires addressing the factors that allowed the infection to return.

100. (D) Combined environmental and socio-economic factors
Global disease distribution is a dynamic and complex process driven by a combination of environmental and socio-economic factors. Elements such as climate change, human migration, economic development, and access to healthcare all play a role in determining where diseases occur. Understanding these interconnected drivers is essential for public health officials to predict future health trends and develop effective strategies for disease prevention.

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90. (A) Concentration of pig farming and rice paddies
Japanese Encephalitis is geographically linked to areas where there is a high concentration of pig farming and rice paddies. The pigs act as amplifying hosts for the virus, while the flooded fields provide breeding grounds for the mosquitoes that transmit it to humans. This ecological combination is common in parts of South and South-East Asia, leading to seasonal disease outbreaks.

91. (D) Endemic status among marginalized populations
Leprosy in India is characterized by its persistent endemic status, particularly among marginalized and socio-economically disadvantaged populations. While the disease is not uniformly distributed across every district, it remains a significant concern in certain geographical pockets. Stigma and limited access to healthcare in these communities can delay diagnosis, making continued focused interventions necessary to manage and eventually eliminate the condition.

92. (B) Surge in developing nations due to nutrition transition
Global diabetes distribution is currently marked by a significant surge in developing nations as they undergo a nutrition transition. This shift involves moving away from traditional diets toward more processed foods and adopting more sedentary lifestyles. As a result, many countries in Asia and Africa are facing a rapidly growing burden of diabetes, often outpacing the capacity of their health systems.

93. (C) Oesophageal cancers
The North-Eastern states of India show a unique geographical pattern with a high incidence of oesophageal cancers. This trend is largely attributed to local lifestyle factors, such as the frequent consumption of fermented foods, betel nut, and tobacco. These regional practices lead to a distinct cancer profile compared to other parts of the country, requiring specialized cancer care and prevention efforts.

94. (D) Sedentary lifestyles and processed food intake
The rising burden of cardiovascular diseases in urban India is primarily caused by sedentary lifestyles and a high intake of processed foods. As city residents move less and consume more sugar, salt, and unhealthy fats, the risk of heart disease and stroke increases. This geographical shift in disease patterns highlights the urgent need for urban health policies that promote healthier habits.

95. (A) Global prevalence with varied treatment access
Mental health disorders like depression and anxiety have a global prevalence, affecting people in every country regardless of its economic status. However, access to treatment varies widely between regions, with many individuals in low-income countries lacking any psychiatric care. This disparity means that while the burden of disease is universal, the geographical distribution of mental health services remains highly unequal.

96. (B) Low-income geographical clusters
Nutritional deficiency diseases remain a major public health concern, particularly within low-income geographical clusters. In these areas, poverty and food insecurity prevent many people from obtaining a diet that provides all necessary micronutrients. These deficiencies lead to significant health problems, especially for children and pregnant women, making nutritional support a priority for health organizations working in these less wealthy regions.

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97. (B) Soil iodine depletion due to flooding or glaciation
Goiter distribution is most prevalent in regions where soil iodine has been depleted by environmental processes like flooding or historical glaciation. Because the crops grown in such soil lack this essential mineral, the local population develops deficiencies. This pattern is often seen in mountainous areas and inland plains, far from the iodine-rich resources of the sea, leading to the formation of “goiter belts.”

98. (A) Very high prevalence, often exceeding fifty percent
Anaemia prevalence among children in India is exceptionally high, with data often showing that more than fifty percent of the pediatric population is affected. This widespread issue is driven by nutritional deficits and socio-economic factors that limit access to iron-rich foods. Such high levels across various states make anaemia

81. (B) Punjab
While malaria is found across much of India, certain states like Odisha, Chhattisgarh, and Jharkhand are traditionally classified as high-burden areas due to their ecological conditions. Punjab is not typically included in this high-burden category, as its environment and public health infrastructure have historically supported lower transmission rates. Malaria control efforts are often more focused on the forested and tribal belts.

82. (A) Tuberculosis
Tuberculosis is the leading cause of death globally among people living with HIV, as the virus weakens the immune system and makes individuals more susceptible to the bacteria. This deadly synergy creates a massive health burden, particularly in regions where both diseases are common. Integrated healthcare that screens and treats for both conditions simultaneously is essential to reduce mortality in these populations.

83. (C) Tuberculosis
India currently carries the highest global burden of tuberculosis, accounting for a large proportion of cases and deaths worldwide. The scale of the challenge is linked to the country's large population and varied socio-economic conditions. Addressing this burden is a major priority for the national health system, which aims to eliminate the disease through improved diagnostics, treatment, and community outreach.

84. (D) Southern and Eastern Africa
The prevalence of HIV/AIDS is significantly higher in Southern and Eastern Africa compared to other parts of the continent. This geographical part of Africa remains the hardest hit by the pandemic, with several countries reporting high infection rates in the general population. Large-scale international and local health initiatives continue to focus on this region to expand access to life-saving antiretroviral therapy.

85. (C) Migrant populations along major transit corridors
In India, HIV prevalence is often higher among migrant populations and groups located along major transit corridors. These geographical pathways facilitate the movement of people and the potential spread of the virus between different regions. Public health strategies often target these corridors with awareness and testing programs to reach high-risk individuals who may lack consistent access to regular healthcare services.

86. (B) Densely populated urban areas with water storage
Dengue is most likely to be distributed in densely populated urban environments where people store water in artificial containers. These settings provide the perfect breeding habitat for the Aedes mosquito vector, which lives in close proximity to humans. The combination of high human density and abundant breeding sites allows the virus to spread efficiently, leading to regular outbreaks in city settings.

87. (D) The Ganges Delta
The Ganges Delta is a well-known endemic zone for cholera globally, where the environment has historically supported the persistence of the bacteria. The low-lying, water-rich landscape, combined with high population density and challenges in sanitation, creates a natural reservoir for the disease. Public health history often points to this region as a major source of global cholera spread during past pandemics.

88. (A) Gangetic Basin
Kala-azar in India is geographically concentrated within the Gangetic Basin, particularly in states like Bihar and West Bengal. The alluvial soil and humid climate of this river basin provide the ideal habitat for the sandfly vector that transmits the parasite. This specific ecological link makes the region the primary focus for national efforts to eliminate the disease through targeted spraying.

89. (C) Culex mosquito
The Culex mosquito is the vector responsible for the distribution of lymphatic filariasis across various parts of India. These mosquitoes thrive in stagnant, polluted water often found in areas with poor drainage systems. By transmitting the parasitic larvae to humans through bites, the Culex mosquito maintains the disease in endemic zones, particularly in coastal regions and densely populated urban settings.

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CHAPTER 13
Health Care Planning and Policies

1. Which of the following best describes the fundamental purpose of health care planning?
(A) To maximize profit margins for medical corporations
(B) To ensure efficient resource use for community needs
(C) To enforce health insurance via commercial providers
(D) To bypass the requirement for higher levels of care

2. Consider the following statements regarding the levels of health care:
Statement I: The secondary level serves as the first point of contact between the individual and the health system.
Statement II: The tertiary level provides specialized intensive care and involves multi-specialty hospitals.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

3. Consider the following components related to health care services:
1. Provision of essential drugs
2. Immunization against major infectious diseases
3. Promotion of food supply and proper nutrition

Which of the above are components of Primary Health Care?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

4. In health care planning, what is the primary reason for defining specific population coverage norms for health centers?
(A) To constrain the volume of daily patient intake
(B) To decrease staff requirements in rural sectors
(C) To favor urban centers over the rural population
(D) To ensure equitable distribution of health services

5. The following question consists of two statements, one labelled as Assertion (A) and the other as Reason (R).
Assertion (A): There is a significant disparity in health care infrastructure between rural and urban India.
Reason (R): Urban areas concentrate most of the private sector hospitals and specialized medical professionals.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Match List I with List II and select the correct answer using the codes given below:
List I: (Health Facility)
P. Sub-centre
Q. Primary Health Centre
R. Community Health Centre
S. Health and Wellness Centre (at Sub-centre level)
List II: (Population Norm in Plain Areas)
1. 30,000
2. 1,20,000
3. 5,000
4. 5,000
(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-3, R-4, S-2

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(B) Reducing under-nutrition
(C) Marketing luxury foods
(D) Reducing low birth weight

42. How does Telemedicine help in rural health care?
(A) Connecting rural patients to urban specialists
(B) Delivering physical surgery kits to homes
(C) Removing the need for local health staff
(D) Substituting for the lack of clean water

43. What is the WHO recommended hospital bed-to-population ratio?
(A) 1 bed per 10,000 population
(B) 3 beds per 1,000 population
(C) 5 beds per 100 population
(D) 10 beds per 1,000 population

44. Which level of health care does a "District Hospital" typically represent?
(A) Primary
(B) Secondary
(C) Tertiary
(D) Quaternary

45. Which of the following is a key feature of the "Kerala Model" of health?
(A) Massive investment in luxury private clinics
(B) Consistently low regional life expectancy
(C) High female literacy and public infrastructure
(D) Focus on curative care over preventive care

46. Which statement regarding out-of-pocket (OOP) expenditure in India is INCORRECT?
(A) High OOP spending often leads to family poverty
(B) Drugs are a major component of medical spending
(C) PM-JAY aims to lower OOP costs for the poor
(D) OOP spending is a minor part of total expenditure

47. Consider the following statements about ASHA workers:
Statement I: ASHA stands for Accredited Social Health Activist.
Statement II: ASHA workers are required to be residents of the village they serve.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

48. Which is the most appropriate reason for the merger of NRHM and NUHM into the National Health Mission (NHM)?
(A) To abolish rural healthcare services completely
(B) To ensure a unified health approach nationwide
(C) To reduce the total health budget significantly
(D) To focus only on urban communicable diseases

49. Which of the following is a correct pair?
(A) Tertiary Care — Sub-centre
(B) Secondary Care — Community Health Centre
(C) Primary Care — Medical College Hospital
(D) Public Health — Only Private nursing homes

50. Which of the following is NOT a component of the Ayushman Bharat scheme?
(A) Free international air travel for treatment
(B) Health and Wellness Centres establishment
(C) Pradhan Mantri Jan Arogya Yojana funding
(D) Comprehensive Primary Health Care services

51. How do Mobile Health Units (MHUs) contribute to Universal Health Coverage?
(A) By increasing treatment costs for rural patients
(B) By building permanent offices in every hamlet
(C) By reaching isolated and marginalized groups
(D) By limiting services to metropolitan urban slums

52. What is the population norm for a Community Health Centre (CHC) in hilly/tribal areas?
(A) 3,000

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(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

16. What does the term "Universal Health Coverage" (UHC) primarily imply?
(A) Free health insurance for the top 10% income earners
(B) Service access for all without financial hardship
(C) Compulsory medical checkups for all school students
(D) The total abolition of all private sector hospitals

17. The following question consists of two statements, one labelled as Assertion (A) and the other as Reason (R).
Assertion (A): The Kerala model of health is often cited as a success in health care planning.
Reason (R): Kerala focuses on high-cost tertiary care at the expense of primary health care and literacy.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

18. Which technology is specifically mentioned as a tool to bridge the geographical gap in health care access in rural India?
(A) Telemedicine
(B) Block-chain accounting
(C) Social media marketing
(D) Automated billing systems

19. The POSHAN Abhiyaan (National Nutrition Mission) primarily aims to:
(A) Provide subsidized food to urban elite demographics
(B) Export surplus grains to various international markets
(C) Lower stunting and anemia in children and women
(D) Build luxury clinics for advanced nutritional surgery

20. Consider the following objectives regarding the National Rural Health Mission (NRHM) 2005:
1. Reduction in Infant Mortality Rate and Maternal Mortality Ratio
2. Universal access to public health services
3. Population stabilization and gender balance
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

21. Match List I with List II and select the correct answer using the codes given below:
List I: (Scheme)
P. Janani Suraksha Yojana
Q. PM-JAY
R. ASHA
S. POSHAN Abhiyaan
List II: (Primary Focus/Target)
1. Community Health Volunteer
2. Institutional Delivery
3. Secondary and Tertiary Care hospitalization
4. Nutritional status of children/mothers
(A) P-2, Q-3, R-1, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-3, Q-4, R-2, S-1
(D) P-4, Q-1, R-3, S-2

22. Which of the following is an INCORRECT pair regarding health terminology?
(A) Out-of-pocket expenditure — Payment at point of service
(B) Tertiary care — Initial point of health system contact
(C) Public health expenditure — Government spending on health
(D) NHM — Integration of the NRHM and the NUHM components

23. The following question consists of two statements, one labelled as Assertion (A) and the other as Reason (R).
Assertion (A): The Accredited Social Health Activist (ASHA) is a key component of the National Health Mission.
Reason (R): She acts as a link between the community and the public health system.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct

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(A) It is exclusively for elderly males
(B) It targets children and pregnant women
(C) It is funded purely by private donations
(D) It forbids technology use in monitoring

65. Consider the following statements about the doctor-population ratio:
Statement I: The current ratio in India is exactly 1:500 without AYUSH doctors.
Statement II: The WHO norm is 1:1000.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

66. What is the benefit provided under PM-JAY?
(A) Rs. 5,000
(B) Rs. 1 lakh
(C) Rs. 5 lakh yearly cover for hospitalization
(D) Rs. 10 lakh

67. Which of the following is an indicator of rural-urban disparity in health?
(A) Higher specialist availability in rural sectors
(B) Lower infant mortality in rural versus urban
(C) Concentration of hospital beds in urban areas
(D) Equalized doctor-population ratio everywhere

68. Which of the following describes the role of a District Hospital?
(A) Providing only primary-level community care
(B) Acting as the global headquarters for the WHO
(C) Providing only infant immunization services
(D) Providing secondary care and referral services

69. Which pair is correctly matched regarding National Health Policies?
(A) NHP 1983 — Focus on Wellness Centres
(B) NHP 2017 — Focus only on communicable diseases
(C) NHP 2002 — Decentralized public health system
(D) NHP 1983 — Aimed for health for all by 2025

70. Which of the following is NOT a feature of "Primary Health Care"?
(A) Equity and accessibility
(B) Exclusivity for urbanites
(C) Community participation
(D) Appropriate technology

71. What is the significance of the "Kerala Model" in health planning?
(A) High-tech industrialization over health care
(B) Total reliance on the private health sector
(C) The highest out-of-pocket costs in India
(D) High life expectancy with low income levels

72. The National Rural Health Mission (NRHM) was launched in which year?
(A) 2000
(B) 2005
(C) 2012
(D) 2017

73. Which of the following is a competency of an ASHA worker?
(A) Performing major invasive surgeries
(B) Prescribing high-end antibiotics
(C) Facilitating service access/awareness
(D) Managing the district health budget

74. Regarding the bed-population ratio in India:
(A) India lacks the WHO ratio of 3 per 1,000
(B) India exceeds the recommended WHO ratio
(C) The ratio is uniform across all states
(D) Rural areas have higher ratios than urban

75. Consider the following statements about the National Health Mission (NHM):
Statement I: It includes the National Urban Health Mission (NUHM).
Statement II: It focuses on providing universal access to equitable, affordable and quality health care services.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.

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(D) Perfect parity of outcomes between Kerala and Bihar

32. Consider the following components of health sector reforms in India:
1. Decentralization of health care management
2. Encouraging public-private partnerships
3. Strengthening primary health care through HWCs

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

33. Match List I with List II and select the correct answer using the codes given below:
List I: (Organization/Scheme)
P. WHO
Q. PM-JAY
R. HWC
S. ASHA
List II: (Function)
1. Comprehensive Primary Care
2. Global Health Standards/Norms
3. Financial protection for hospitalization
4. Community mobilization
(A) P-2, Q-3, R-1, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

34. Which of the following defines "Primary Health Care" according to the principles established in the Alma-Ata Declaration?
(A) Practical, scientific, and socially acceptable care
(B) Medical services reserved for the elite citizens
(C) Exclusive focus on emergency surgical procedures
(D) Healthcare provided solely by international NGOs

35. How many beds are typically available in a Community Health Centre (CHC)?
(A) 2 beds
(B) 10 beds
(C) 30 beds
(D) 500 beds

36. Which pair is correctly matched regarding the coverage of a Primary Health Centre (PHC)?
(A) Plain Area — 50,000 population
(B) Urban Area — 1,00,000 population
(C) Desert Area — 5,000 population
(D) Hilly/Tribal Area — 20,000 population

37. Which of the following is NOT a target of the National Health Policy 2002?
(A) Eradication of Polio and Yaws diseases
(B) Elimination of Leprosy from the nation
(C) Mandating 100% private insurance for all
(D) Reducing mortality from TB and Malaria

38. In the Indian context, a "Sub-centre" is usually staffed by:
(A) Three specialized senior cardiac surgeons
(B) One female (ANM) and one male health worker
(C) A full team of ten specialist doctors
(D) Administrative clerks and billing officers

39. Consider the following statements regarding PM-JAY beneficiaries:
Statement I: Beneficiaries are identified based on the Socio-Economic Caste Census (SECC) 2011.
Statement II: There is a cap on family size and age for the beneficiaries under PM-JAY.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

40. Spatial inequality in health care is best illustrated by:
(A) Life expectancy variance between Indian states
(B) Perfectly equal doctor counts in every village
(C) Constant bed ratios across urban-rural zones
(D) Uniform healthcare pricing across the country

41. Which of the following is NOT an objective of the POSHAN Abhiyaan?
(A) Reducing stunting levels

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(B) POSHAN Abhiyaan — Road safety
(C) NRHM — Urban slums only
(D) NHP 1983 — Focus on Digital Health

89. Which of the following is NOT a standard level of the health care system?
(A) Primary
(B) Secondary
(C) Tertiary
(D) Quaternary

90. The National Health Policy 2017 aims to reduce the prevalence of blindness to:
(A) Zero
(B) 0.25 per 1000
(C) 1.0 per 1000
(D) 5.0 per 1000

91. Which of the following is a characteristic of health planning in India?
(A) Centralized planning with no role for states
(B) Planning restricted to the private medical sector
(C) No formal planning for rural health infrastructure
(D) Guidance by Five-Year Plans and NITI Aayog

92. What does the "S" in the ASHA acronym stand for?
(A) Systematic
(B) Social
(C) Secondary
(D) Sustainable

93. Which of the following is a focus area for health sector reforms in India?
(A) Decreasing the count of Health and Wellness Centres
(B) Increasing out-of-pocket expenditure for families
(C) Progressing toward Universal Health Coverage
(D) Reducing the priority of primary health services

94. Which statement about Mobile Health Units (MHUs) is true?
(A) Usage is restricted to metropolitan cities
(B) They are excluded from the National Mission
(C) Services are restricted to surgical care
(D) They reach populations in "shadow zones"

95. Consider the following statements about health infrastructure disparity:
Statement I: Most of the tertiary care hospitals are located in urban areas.
Statement II: Rural areas have a higher density of medical specialists than urban areas.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

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96. Which of the following is a goal of the National Health Policy 2017 regarding life expectancy?
(A) 50 years
(B) 60 years
(C) 70 years by 2025
(D) 90 years

97. Which of the following is NOT a pillar of the Primary Health Care approach?
(A) Inter-sectoral coordination
(B) Focus on expensive technology
(C) Community involvement
(D) Equitable distribution

98. Which of the following best describes the "Kerala Model" of health development?
(A) High social development and health indicators
(B) Economic growth with poor health indicators
(C) Low literacy with high hospital bed counts
(D) Exclusive focus on urban health facilities

99. Universal Health Coverage (UHC) aims at:
(A) Making health care a privilege for the wealthy
(B) Ignoring surgery to focus only on primary care
(C) Quality service access without financial hardship
(D) Reducing the total number of doctors available

(B) 20,000
(C) 80,000
(D) 1,20,000

53. The "First Referral Unit" (FRU) status is generally accorded to:
(A) Basic peripheral Sub-centres
(B) Local Primary Health Centres
(C) Community Health Centres (equipped)
(D) Independent private clinics

54. Which of the following is true regarding health expenditure in India?
(A) Public spend is much higher than private spend
(B) Private spend is a large portion of total spend
(C) Public spend has reached 5% of the national GDP
(D) Out-of-pocket expenditure is currently non-existent

55. Which of the following statements about the National Health Policy 2017 is INCORRECT?
(A) It proposes raising public expenditure to 2.5% GDP
(B) It aims at strengthening regulation in the sector
(C) It advocates for the use of various digital tools
(D) It suggests a "sick-care" rather than "wellness" model

56. Consider the following statements about Health and Wellness Centres (HWCs):
Statement I: They are part of the Ayushman Bharat program.
Statement II: They provide comprehensive primary health care, including for non-communicable diseases.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

57. What is the primary role of a Sub-centre in the Indian health system?
(A) To perform complex open heart surgeries
(B) To train post-graduate medical students
(C) To act as the peripheral community contact
(D) To manage district health administration

58. Which of the following pairs is INCORRECT?
(A) PHC — Referral unit for 10 distinct CHCs
(B) SDG 3 — Good Health and Well-being focus
(C) JSY — Focus on institutional delivery goals
(D) ASHA — Village level health worker role

59. Which of the following is NOT an expected outcome of Universal Health Coverage?
(A) Financial risk protection for the poor
(B) Improved health outcomes for citizens
(C) Equitable access to health services
(D) Removal of all private health providers

60. In the context of health planning, "need" refers to:
(A) The luxury demands of wealthy patients
(B) A health deficit requiring professional care
(C) Only the physical presence of medicines
(D) The urban location preferences of doctors

61. What is the population coverage norm for a Primary Health Centre (PHC) in plain areas?
(A) 5,000
(B) 10,000
(C) 30,000
(D) 1,20,000

62. The main goal of Janani Suraksha Yojana is to:
(A) Provide free education to girl children
(B) Provide employment to rural women
(C) Build houses for pregnant women
(D) Reduce mortality via institutional delivery

63. Which of the following is a challenge in implementing National Health Policies in India?
(A) Federal structure where health is a State subject
(B) Excessive levels of public funding availability
(C) Regional over-supply of medical professionals
(D) Absence of any formal health policy document

64. Which of the following statements about POSHAN Abhiyaan is correct?

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explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

24. Regarding the Janani Suraksha Yojana (JSY), which statement is true?
(A) It is a 100% centrally sponsored scheme
(B) It aims to minimize institutional delivery
(C) It provides cash aid to urban women only
(D) It is excluded from Low Performing States

25. Consider the following statements regarding the National Health Mission (NHM):
Statement I: NHM was formed by the merger of the National Rural Health Mission and the National Urban Health Mission.
Statement II: It aims to provide specialized robotic surgery in every Sub-centre.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

26. Sustainable Development Goal 3 (SDG 3) aims to ensure healthy lives and promote well-being for all at all ages by the year:
(A) 2025
(B) 2030
(C) 2045
(D) 2050

27. Consider the following components of the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY):
1. Establishment of Health and Wellness Centres
2. Health Insurance cover for secondary and tertiary care
3. Free generic medicine distribution for middle-class urbanites

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

28. Match List I with List II and select the correct answer using the codes given below:
List I: (Term)
P. Primary Health Centre
Q. Sub-centre
R. Community Health Centre
S. District Hospital
List II: (Definition)
1. Most peripheral contact point
2. Referral unit for 4 PHCs
3. Referral unit for 6 beds in plain/hilly areas
4. Apex medical facility at district level
(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

29. Arrange the following policy milestones in India in chronological order:
1. National Health Policy 2002
2. National Rural Health Mission (NRHM)
3. National Health Policy 1983
4. Ayushman Bharat
(A) 3-1-2-4
(B) 1-3-2-4
(C) 3-2-1-4
(D) 2-3-1-4

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30. The following question consists of two statements, one labelled as Assertion (A) and the other as Reason (R).
Assertion (A): Mobile Health Units (MHUs) are essential for improving rural health reach.
Reason (R): They can provide services to underserved populations in remote and unserved areas.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which of the following is a primary challenge in Indian health planning regarding "spatial inequality"?
(A) Facility concentration in developed urban regions
(B) Equal distribution of hospitals across districts
(C) Excess of medical specialists in rural villages

(D) Both Statement I and Statement II are incorrect.

76. Which of the following best defines "Health Care Planning"?
(A) Making the health system more expensive
(B) Resource allocation to solve health issues
(C) Building only private medical colleges
(D) Insurance design for government staff

77. The term "Ayushman Bharat" refers to:
(A) A program for old age pension coverage
(B) A scheme for building new highway roads
(C) An initiative combining HWCs and PM-JAY
(D) Training for specialized heart surgeons

78. Which of the following is NOT a component of the 2017 National Health Policy's "Digital Health" thrust?
(A) National Health Information Network
(B) Use of smartphones for data collection
(C) Promoting Telemedicine consultations
(D) Immediate paper record removal by 2018

79. A Community Health Centre (CHC) is expected to serve as a referral center for how many Primary Health Centres (PHCs)?
(A) One
(B) Four
(C) Twenty
(D) Fifty

80. Which of the following is an example of tertiary health care?
(A) Immunization at a Sub-centre
(B) Specialized advanced cancer treatment
(C) Treatment of common flu at a PHC
(D) Antenatal checkup at a village clinic

81. What is the role of Telemedicine in bridging the rural-urban health gap?
(A) It makes rural doctors redundant
(B) Connecting rural patients to specialists
(C) It provides free medicines for all
(D) It increases doctor-patient distance

82. Which of the following is a primary objective of the Janani Suraksha Yojana in Low Performing States (LPS)?
(A) Providing cash for institutional delivery
(B) Encouraging traditional home deliveries
(C) Implementing a ban on private hospitals
(D) Reducing the total count of health staff

83. Which statement about Sustainable Development Goal 3 (SDG 3) is correct?
(A) It focuses exclusively on Malaria
(B) It only applies to developed nations
(C) It targets mortality and end epidemics
(D) It was fully achieved by India in 2020

84. The concept of "Health and Wellness Centres" aims to provide:
(A) Only emergency services
(B) Only dental services
(C) Only geriatric care
(D) Comprehensive Primary Health Care (CPHC)

85. Consider the following statements regarding primary health infrastructure:
Statement I: Primary Health Centres are the first referral units for Sub-centres.
Statement II: Primary Health Centres are always headed by a specialist surgeon.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

86. Which of the following is a key reason for high "Out-of-Pocket" expenditure in India?
(A) Consistently low cost of medications
(B) High reliance on private outpatient care
(C) Free diagnostics in public hospitals
(D) Excessive government health subsidies

87. What is the coverage norm for a Sub-centre in plain areas?
(A) 1,000
(B) 3,000
(C) 5,000
(D) 10,000

88. Which of the following pairs is correctly matched?
(A) PM-JAY — Financial protection for hospitalization

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(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-4, R-3, S-1

7. Which of the following is NOT a component of the "Primary Health Care" concept?
(A) Education concerning prevailing health problems
(B) Maternal and child health care provision
(C) Prevention of locally endemic diseases
(D) Advanced neurosurgical interventions

8. Consider the following health facilities:
1. Community Health Centre
2. Sub-centre
3. District Hospital
4. Primary Health Centre

Which of the following is the correct ascending order of their clinical complexity and referral hierarchy?
(A) 2-4-1-3
(B) 4-2-3-1
(C) 2-1-4-3
(D) 4-1-2-3

9. What was the primary goal of the National Health Policy 1983?
(A) To privatize all existing primary health centres
(B) To reduce public health spending below 1% of GDP
(C) To achieve "Health for All" by the year 2000 AD
(D) To focus purely on urban corporate infrastructure

10. Which of the following pairs is correctly matched?
(A) PHC — 30,000 population in plains
(B) ASHA — Urban areas only
(C) Sub-centre — 10,000 population in plains
(D) CHC — 50,000 population in plains

11. The following question consists of two statements, one labelled as Assertion (A) and the other as Reason (R).
Assertion (A): India's out-of-pocket health expenditure remains high compared to many developed nations.
Reason (R): The public health expenditure in India has historically been lower than the recommended 2.5% of GDP.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

12. A remote village in a hilly terrain requires a new health facility. According to the norms, a Sub-centre should be established for every:
(A) 1,000 population
(B) 3,000 population
(C) 5,000 population
(D) 10,000 population

13. Consider the following features regarding the National Health Policy 2017:
1. Increasing health expenditure to 2.5% of GDP in a time-bound manner
2. Reorienting public health expenditure to provide 2/3rd or more to primary care
3. Promoting "Make in India" for drugs and medical devices

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

14. Which statement regarding the doctor-population ratio in India is INCORRECT?
(A) India has met WHO norms by including AYUSH doctors
(B) The WHO recommended ratio is 1 doctor per 1,000
(C) Spatial distribution of doctors is a major challenge
(D) Rural areas currently have a surplus of medical staff

15. Match List I with List II and select the correct answer using the codes given below:
List I: (Policy/Mission)
P. National Rural Health Mission
Q. National Health Policy (Second)
R. National Health Policy (Third)
S. Ayushman Bharat (PM-JAY)
List II: (Launch Year)
1. 2002
2. 2005
3. 2018

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100. What is the target of the POSHAN Abhiyaan for reducing stunting per annum?
(A) 1%
(B) 2%
(C) 5%
(D) 10%

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52. (C) 80,000
Population norms for health facilities are adjusted for difficult terrains to ensure that services remain accessible to remote communities. In plain areas, a Community Health Centre is typically established for one lakh twenty thousand people. However, in hilly, tribal, or desert areas, this requirement is lowered to eighty thousand people. This lower threshold allows for more frequent facility placement in sparsely populated regions.

53. (C) Community Health Centres (equipped)
A First Referral Unit is a facility that provides 24-hour emergency obstetric and newborn care. In the Indian health system, this status is generally accorded to Community Health Centres or sub-district hospitals that meet specific criteria for equipment and staffing. These units are critical for handling complications that cannot be managed at the Primary Health Centre level, ensuring timely medical interventions for patients.

54. (B) Private spend is a large portion of total spend
In the Indian healthcare landscape, private expenditure currently constitutes a significant portion of the total health spending. This high reliance on private providers often results in substantial out-of-pocket costs for individuals. While the government aims to increase public health spending to two point five percent of the GDP, the private sector remains a major contributor to the overall financial structure of health services.

55. (D) It suggests a "sick-care" rather than "wellness" model
The National Health Policy 2017 advocates for a paradigm shift from a "sick-care" model to a "wellness" model. It emphasizes preventive and promotive health care alongside curative services. Key goals include raising public spending to two point five percent of GDP and leveraging digital tools for better service delivery. Therefore, stating that it suggests a "sick-care" rather than "wellness" model is incorrect.

56. (C) Both Statement I and Statement II are correct.
Health and Wellness Centres are a fundamental part of the Ayushman Bharat program, designed to transform existing Sub-centres and Primary Health Centres. They provide comprehensive primary health care services that go beyond maternal and child health. These centres also focus on the management of non-communicable diseases and provide screening for various chronic conditions, ensuring a more holistic approach to community well-being.

57. (C) To act as the peripheral community contact
The Sub-centre serves as the most peripheral point of contact between the community and the public health system. Its primary role is to deliver basic health services, including immunization, maternal care, and family welfare at the village level. It acts as a gateway for the population, providing fundamental medical assistance and facilitating referrals to higher-level facilities like Primary Health Centres when necessary.

58. (A) PHC — Referral unit for 10 distinct CHCs
The hierarchy of the Indian health system is based on specific referral structures and roles. A Community Health Centre typically serves as a referral unit for four Primary Health Centres, not the other way around. Other pairs, such as the goals of Sustainable Development Goal 3, Janani Suraksha Yojana, and the role of ASHA workers, are correctly matched to their respective functions.

59. (D) Removal of all private health providers
Universal Health Coverage aims to ensure that all people have access to quality health services without facing financial hardship. Expected outcomes include improved health results, equitable access, and strong financial risk protection for the poor. The concept focuses on service delivery and affordability rather than the removal of private providers. Instead, it often involves a balanced partnership between public and private sectors.

60. (B) A health deficit requiring professional care
In the context of health care planning, "need" refers specifically to a health deficit that requires professional medical intervention. It is a objective measure of what is necessary to maintain or improve a person's health status. Distinguishing between "need," "demand," and "supply" is essential for planners to allocate resources effectively and ensure that services address the actual medical requirements of the population.

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then to a Community Health Centre. The District Hospital serves as a higher-level secondary facility, offering specialized medical services and more advanced diagnostic and treatment options.

9. (C) To achieve "Health for All" by the year 2000 AD
The National Health Policy of 1983 was a landmark document that aimed to provide a comprehensive framework for health services. Its primary objective was to achieve the global goal of health for all by the year 2000. It emphasized the expansion of primary health care, the reduction of maternal and infant mortality, and the creation of a decentralized health system.

10. (A) PHC — 30,000 population in plains
Health infrastructure in India is organized based on population norms to ensure effective delivery. In plain areas, a Primary Health Centre is established for every thirty thousand people. Conversely, Sub-centres are meant for five thousand people and Community Health Centres for one lakh twenty thousand. ASHAs serve both rural and urban areas, acting as crucial links between the community and health services.

11. (A) Both A and R are true and R is the correct explanation of A.
High out-of-pocket expenditure in India is directly linked to historically low public spending on health. When the government allocates less than the recommended percentage of GDP to the health sector, public facilities often face resource shortages. Consequently, citizens are forced to seek medical care from private providers. This shift results in significant personal financial burdens for families during health emergencies.

12. (B) 3,000 population
In the Indian healthcare system, population norms for facilities vary based on the difficulty of the terrain. While a Sub-centre in a plain area covers five thousand people, this requirement is reduced for hilly, tribal, or desert areas. In these challenging regions, a Sub-centre is established for every three thousand people to ensure that services remain accessible to remote communities.

13. (D) 1, 2, and 3
The National Health Policy 2017 outlines a comprehensive strategy to strengthen the health system. It sets a target to increase public health expenditure to two point five percent of the GDP. The policy also focuses on reorienting spending towards primary care and promoting domestic manufacturing. By supporting the production of drugs and devices locally, it aims to improve affordability and accessibility.

14. (D) Rural areas currently have a surplus of medical staff
India faces a significant challenge regarding the distribution of medical professionals across different regions. While the overall doctor-population ratio has improved by including AYUSH practitioners, a major disparity remains between urban and rural sectors. Rural areas frequently suffer from a shortage of qualified medical staff. This imbalance hinders the delivery of quality healthcare services to the most underserved and remote populations.

15. (A) P-2, Q-1, R-4, S-3
India has implemented various health policies and missions over the years to improve public well-being. The second National Health Policy was introduced in 2002, followed by the National Rural Health Mission in 2005. Later, the third National Health Policy was launched in 2017. Finally, the Ayushman Bharat PM-JAY scheme was established in 2018 to provide financial protection for secondary and tertiary care.

16. (B) Service access for all without financial hardship
Universal Health Coverage ensures that all individuals and communities receive the health services they need without suffering financial hardship. It encompasses the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. The goal is to provide equitable access to medical care, ensuring that the cost of services does not push people into poverty.

17. (C) A is true but R is false.
The Kerala model of health is renowned for achieving high health indicators despite having a relatively low per capita income. This success

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is attributed to long-term investments in primary health care, education, and social welfare. Contrary to focusing solely on high-cost tertiary care, the state emphasizes public literacy and community-based health initiatives. This holistic approach has led to high life expectancy.

18. (A) Telemedicine
Telemedicine serves as a vital technological tool to overcome geographical barriers in health care delivery. It enables patients in remote or rural areas to consult with specialists located in urban centers via digital communication. This approach improves access to expert medical advice and reduces the need for long-distance travel. Consequently, it helps in bridging the gap between underserved regions and advanced facilities.

19. (C) Lower stunting and anemia in children and women
POSHAN Abhiyaan is a flagship program aimed at improving nutritional outcomes for children, pregnant women, and lactating mothers. Its primary goals include the systematic reduction of stunting, under-nutrition, and anemia within the target population. By using technology and behavioral change communication, the mission seeks to ensure a malnutrition-free India. It focuses on a multi-ministerial convergence approach to achieve these specific health targets.

20. (D) 1, 2, and 3
The National Rural Health Mission was launched to provide accessible and affordable healthcare to the rural population. Its key objectives include reducing the infant mortality rate and maternal mortality ratio significantly. The mission also aims for population stabilization and maintaining a healthy gender balance. By ensuring universal access to public health services, it seeks to improve the overall health status of rural communities.

21. (A) P-2, Q-3, R-1, S-4
Various Indian health schemes target different aspects of public well-being. Janani Suraksha Yojana focuses on promoting institutional delivery among poor pregnant women. The PM-JAY provides financial protection for secondary and tertiary hospitalizations. ASHA workers serve as community health volunteers and links to the system. Meanwhile, POSHAN Abhiyaan addresses the nutritional status of children and mothers, aiming to reduce stunting and malnutrition nationwide.

22. (B) Tertiary care — Initial point of health system contact
The health care system is organized into levels based on the complexity of services provided. Primary health care serves as the initial point of contact between individuals and the system. In contrast, tertiary care involves specialized, high-tech medical services usually provided in advanced institutions like medical colleges. Other terms, such as public health expenditure and out-of-pocket costs, correctly describe government and personal spending.

23. (A) Both A and R are true and R is the correct explanation of A.
The Accredited Social Health Activist is a central figure in the National Health Mission's community outreach strategy. As a trained female health educator and volunteer, she lives within the village she serves. Her primary responsibility is to act as a crucial link between the community and the public health system. By facilitating access to services, she ensures that health initiatives reach beneficiaries effectively.

24. (A) It is a 100% centrally sponsored scheme
Janani Suraksha Yojana is a hundred percent centrally sponsored scheme implemented under the National Health Mission. Its main objective is to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme provides cash assistance to eligible beneficiaries and ASHA workers. It places a special focus on Low Performing States to improve overall health outcomes in those regions.

25. (A) Statement I is correct, but Statement II is incorrect.
The National Health Mission was established by integrating the National Rural Health Mission and the National Urban Health Mission. This merger aims to provide a unified approach to healthcare across the country. However, the mission focuses on primary and secondary services rather than providing advanced robotic surgery at the Sub-centre level. Sub-centres

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are designed for basic peripheral services and community-level healthcare delivery.

26. (B) 2030
Sustainable Development Goal 3 is a global initiative established by the United Nations to ensure healthy lives and promote well-being for everyone. The target for achieving these goals, which include ending epidemics and reducing maternal mortality, is the year 2030. India, as a signatory, has aligned its national health policies and missions to meet these international benchmarks within the specified timeframe.

27. (A) 1 and 2 only
Ayushman Bharat is a comprehensive health initiative comprising two major components. The first involves establishing Health and Wellness Centres to provide primary care services. The second is the Pradhan Mantri Jan Arogya Yojana, which offers health insurance cover for secondary and tertiary hospitalizations. This scheme is designed for vulnerable populations rather than providing free medicines to the urban middle class specifically.

28. (A) P-3, Q-1, R-2, S-4
The Indian health system is organized hierarchically with clearly defined roles for each facility. The Sub-centre is the most peripheral contact point for the community. A Primary Health Centre serves as a referral unit for several Sub-centres and typically has six beds. A Community Health Centre acts as a referral unit for four PHCs, while the District Hospital is the apex facility.

29. (A) 3-1-2-4
India's health policy landscape has evolved through several key milestones over the decades. The first major policy was introduced in 1983, followed by the second National Health Policy in 2002. Shortly after, the National Rural Health Mission was launched in 2005 to strengthen rural infrastructure. Finally, the Ayushman Bharat initiative was established in 2018 to move toward universal health coverage for all.

30. (A) Both A and R are true and R is the correct explanation of A.
Mobile Health Units are critical for extending medical services to underserved populations in remote and un-served areas. By traveling to these locations, they overcome the barriers of distance and lack of permanent infrastructure. These units are essential for improving rural health reach, ensuring that even the most isolated communities have access to basic medical care. This strategy effectively addresses gaps in service delivery.

31. (A) Facility concentration in developed urban regions
Spatial inequality in the Indian health sector refers to the uneven distribution of medical resources across different geographical areas. A primary challenge is the heavy concentration of facilities and specialists in developed urban regions compared to rural villages. This imbalance leads to significant disparities in access to care. Consequently, people in remote areas often face difficulties in obtaining timely and specialized medical services.

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32. (D) 1, 2, and 3
Health sector reforms in India focus on improving the efficiency and reach of the medical system. Key strategies include the decentralization of health care management and the encouragement of public-private partnerships. Additionally, strengthening primary care through Health and Wellness Centres is a priority. These reforms aim to create a more responsive and equitable health system that can meet the diverse needs of citizens.

33. (A) P-2, Q-3, R-1, S-4
Different organizations and schemes play specialized roles in the health ecosystem. The WHO sets global health standards and norms. PM-JAY provides financial protection for secondary and tertiary hospitalizations to vulnerable families. Health and Wellness Centres focus on delivering comprehensive primary care services. Meanwhile, ASHA workers are responsible for community mobilization and acting as a bridge between the residents and the formal health system.

34. (A) Practical, scientific, and socially acceptable care
The Alma-Ata Declaration defined primary health care as essential care based on practical, scientifically sound, and socially acceptable

ANSWERS

1. (B) To ensure efficient resource use for community needs
Health care planning involves the systematic allocation of resources to meet the medical requirements of a population effectively. It aims to bridge the gap between existing health services and the actual needs of the community. By optimizing the distribution of funds, personnel, and facilities, planning ensures that public health objectives are met with maximum efficiency and equity.

2. (B) Statement I is incorrect, but Statement II is correct.
Primary health care serves as the initial contact point between individuals and the national health system. Secondary care involves specialized services usually provided at district hospitals. Tertiary care represents the most specialized level, requiring advanced technology and multi-specialty expertise in institutions like medical colleges. Consequently, the first contact occurs at the primary level rather than the secondary level.

3. (D) 1, 2, and 3
Primary health care constitutes essential care based on practical and socially acceptable methods. Its core components include providing essential drugs and ensuring immunization against major infectious diseases. Additionally, it focuses on promoting adequate food supply and proper nutrition. These elements collectively aim to make healthcare universally accessible to individuals and families in the community through their full participation and at affordable costs.

4. (D) To ensure equitable distribution of health services
Establishing specific population coverage norms for health centers is a fundamental strategy in health planning. This approach facilitates a balanced and fair distribution of medical infrastructure across diverse geographical regions. By setting these standards, planners can ensure that both rural and urban populations have accessible facilities nearby. This systematic allocation prevents the over-concentration of services in specific areas while reducing regional disparities.

5. (A) Both A and R are true and R is the correct explanation of A.
Significant disparities exist between rural and urban health infrastructure because the private sector and specialized medical professionals are heavily concentrated in cities. Urban areas offer better financial incentives and advanced facilities, attracting more practitioners. This concentration results in limited accessibility for rural populations, who often face a shortage of qualified doctors and modern medical equipment compared to their urban counterparts.

6. (A) P-3, Q-1, R-2, S-4
In the Indian health system, specific population norms guide the establishment of various facilities. A Sub-centre or Health and Wellness Centre typically covers five thousand people in plain areas. A Primary Health Centre is designed for thirty thousand residents, while a Community Health Centre serves a larger population of one lakh twenty thousand. These benchmarks ensure systematic coverage across different geographic regions.

7. (D) Advanced neurosurgical interventions
Primary health care focuses on essential services that are accessible and affordable for the entire community. It includes health education, maternal and child care, and the prevention of endemic diseases. In contrast, advanced neurosurgical interventions belong to the tertiary level of care. Such specialized services require sophisticated technology and multi-specialty expertise, which are beyond the scope of basic primary health facilities.

8. (A) 2-4-1-3
The Indian health hierarchy follows a structured referral system based on clinical complexity. It begins at the Sub-centre, which provides the most basic peripheral services. Patients requiring more care are referred to a Primary Health Centre,

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43. (B) 3 beds per 1,000 population
The World Health Organization provides global benchmarks for health infrastructure to help nations plan their medical facilities. One such recommendation is a ratio of three hospital beds for every one thousand people. This standard serves as a target for countries to ensure that they have adequate inpatient capacity to meet the medical needs of their populations effectively and provide timely treatment.

44. (B) Secondary
A District Hospital functions as a secondary-level health facility in the Indian medical hierarchy. It provides more advanced care than primary health centers and serves as a major referral unit for the entire district. These hospitals typically offer various specialties, diagnostic services, and a larger number of beds. They bridge the gap between basic community care and highly specialized tertiary-level medical institutions.

45. (C) High female literacy and public infrastructure
The Kerala Model is characterized by its emphasis on social development and public infrastructure over high-cost curative care. A key feature of this success is the high level of female literacy, which positively impacts family health and hygiene. By investing in accessible primary health care and education, the state has achieved health indicators comparable to those of many developed nations despite lower income.

46. (D) OOP spending is a minor part of total expenditure
Out-of-pocket expenditure remains a major component of total health spending in India. It often places a severe financial burden on families, sometimes leading to poverty due to high costs for drugs and private services. Initiatives like PM-JAY are designed to specifically lower these costs for the poor. Therefore, claiming that out-of-pocket spending is a minor part of total expenditure is incorrect.

47. (C) Both Statement I and Statement II are correct.
The ASHA acronym stands for Accredited Social Health Activist, representing a key cadre of community health volunteers in India. These workers are selected from the village they serve to ensure they have a deep understanding of local needs and enjoy the community's trust. They play a vital role in promoting health awareness, maternal care, and immunization, acting as a bridge to the system.

48. (B) To ensure a unified health approach nationwide
The merger of the National Rural Health Mission and the National Urban Health Mission into the National Health Mission was designed to create a more integrated health system. This unified approach allows the government to address public health challenges across both rural and urban areas more effectively. It ensures consistency in planning, resource allocation, and service delivery, moving the nation toward universal coverage.

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49. (B) Secondary Care — Community Health Centre
The Indian healthcare system is structured into three distinct levels based on the services provided. Primary care is delivered through Sub-centres and Primary Health Centres at the village level. Secondary care, involving more specialized services and referrals, is provided by Community Health Centres and district hospitals. Tertiary care involves highly specialized medical treatment found in medical colleges and advanced multi-specialty regional hospitals.

50. (A) Free international air travel for treatment
Ayushman Bharat is a landmark initiative designed to provide comprehensive health coverage through two main pillars. These include the creation of Health and Wellness Centres for primary care and the Pradhan Mantri Jan Arogya Yojana for hospital insurance. The program focuses on domestic medical needs and financial protection within India rather than providing benefits like free international air travel.

51. (C) By reaching isolated and marginalized groups
Mobile Health Units play a significant role in achieving Universal Health Coverage by bringing medical services directly to marginalized and geographically isolated populations. These units can travel to "shadow zones" where permanent health infrastructure is lacking. By providing essential diagnosis and treatment on-site, they ensure that vulnerable groups are not left behind, thus improving equitable access to healthcare for the entire nation.

methods. It emphasizes that health services must be universally accessible to individuals and families in the community through their full participation. The approach focuses on affordability and equity, ensuring that the health system remains sustainable and responsive to the needs of the entire population.

35. (C) 30 beds
A Community Health Centre is designed to provide secondary-level medical services and serve as a referral point for several Primary Health Centres. These facilities are typically equipped with thirty indoor beds to manage patients requiring hospitalization. They provide specialized services in surgery, medicine, obstetrics, and pediatrics. This bed capacity ensures that the center can effectively handle more complex cases within a local area.

36. (D) Hilly/Tribal Area — 20,000 population
Population norms for Primary Health Centres are tailored to different geographic conditions to ensure accessibility. In plain areas, a PHC is established for every thirty thousand people. However, for hilly, tribal, or desert areas where population density is lower and terrain is difficult, the norm is reduced to twenty thousand people. These standards help in planning the equitable distribution of health infrastructure nationwide.

37. (C) Mandating 100% private insurance for all
The National Health Policy 2002 set several specific public health targets to improve the nation's health status. These included the eradication of diseases like Polio and Yaws, and the elimination of Leprosy. It also focused on reducing mortality from tuberculosis and malaria. The policy did not mandate private insurance for all citizens; instead, it emphasized strengthening the public health delivery system.

38. (B) One female (ANM) and one male health worker
In the Indian health hierarchy, the Sub-centre is the most peripheral unit providing basic services to the community. It is typically staffed by at least one female health worker, known as an Auxiliary Nurse Midwife, and one male health worker. These individuals are responsible for immunization, maternal health care, and family welfare services. Their presence ensures that fundamental medical assistance is accessible.

39. (A) Statement I is correct, but Statement II is incorrect.
Beneficiaries for the PM-JAY scheme are identified using the Socio-Economic Caste Census 2011 data to target poor and vulnerable families. Unlike many other insurance schemes, PM-JAY does not have a cap on family size or the age of members. This ensures that all members of an eligible family can receive the benefit of five lakh rupees per year for specialized hospital care.

40. (A) Life expectancy variance between Indian states
Spatial inequality in health is clearly reflected in the wide variation of health indicators across different regions. For example, significant differences in life expectancy between various Indian states illustrate how geography impacts health outcomes. While states like Kerala achieve high indicators, others may lag behind due to differences in infrastructure and social development. This disparity highlights the uneven distribution of healthcare benefits.

41. (C) Marketing luxury foods
POSHAN Abhiyaan is designed to improve nutritional standards across the country through specific targets. Its core objectives include reducing stunting, under-nutrition, and low birth weight among children and women. It also aims to decrease the prevalence of anemia. The mission focuses on essential nutrition and health services for the vulnerable population rather than promoting luxury food products to high-income groups.

42. (A) Connecting rural patients to urban specialists
Telemedicine utilizes digital technology to bridge the gap between rural patients and urban medical specialists. It allows for remote consultations, diagnosis, and treatment advice via video or voice communication. This system is particularly beneficial for those living in isolated areas where specialist doctors are not physically available. It reduces travel costs and time while ensuring that remote populations receive expert medical care.

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61. (C) 30,000
The Primary Health Centre is a key institution in the rural healthcare network, acting as the first point of contact with a medical officer. According to established norms for plain areas, one PHC is designed to serve a population of thirty thousand people. This ensures that a reasonable number of residents have access to basic curative and preventive services within their locality.

62. (D) Reduce mortality via institutional delivery
The primary objective of Janani Suraksha Yojana is to reduce maternal and neonatal mortality by encouraging pregnant women to deliver in health facilities. By providing cash incentives for institutional delivery, the scheme aims to ensure that mothers receive professional medical care during childbirth. This intervention is crucial for managing complications and improving the survival rates of both mothers and their newborn babies.

63. (A) Federal structure where health is a State subject
Implementing national health policies in India is challenging due to the country's federal structure, where health is primarily a State subject. While the central government provides guidelines and funding, the actual delivery and management of services rest with individual state governments. This division of responsibility can lead to variations in the quality and pace of implementation across different regions of the country.

64. (B) It targets children and pregnant women
POSHAN Abhiyaan is a multi-ministerial mission specifically designed to address malnutrition in India. It targets children, pregnant women, and lactating mothers to improve their nutritional status systematically. The mission utilizes technology to monitor delivery and outcomes, aiming for a malnutrition-free nation. It focuses on the critical first thousand days of a child's life to ensure healthy growth and development for future generations.

65. (B) Statement I is incorrect, but Statement II is correct.
The World Health Organization recommends a standard ratio of one doctor per one thousand people to ensure adequate healthcare access. While India's overall ratio has improved, particularly with the inclusion of AYUSH practitioners, the distribution remains uneven across different regions. Stating that the ratio is exactly one per five hundred without AYUSH doctors is incorrect, as public healthcare still faces significant shortages.

66. (C) Rs. 5 lakh yearly cover for hospitalization
The Pradhan Mantri Jan Arogya Yojana is a key component of Ayushman Bharat, designed to protect vulnerable families from high medical costs. It provides an annual health insurance cover of five lakh rupees per family for secondary and tertiary care hospitalizations. This benefit is paperless and cashless at the point of service, significantly reducing the financial burden during health emergencies.

67. (C) Concentration of hospital beds in urban areas
The concentration of hospital beds and specialized medical facilities in urban areas is a clear indicator of the rural-urban disparity in healthcare. While cities often have a surplus of private hospitals and specialists, rural regions frequently suffer from a lack of basic medical infrastructure and qualified personnel. This imbalance results in unequal access to quality care and differences in health outcomes.

68. (D) Providing secondary care and referral services
A District Hospital acts as the apex medical institution at the district level, providing comprehensive secondary care services. It serves as a vital referral unit for community health centers and primary health centers within the district. These hospitals are equipped with specialized departments, diagnostic laboratories, and advanced treatment facilities, ensuring that patients receive higher-level medical attention than what is available peripherally.

69. (C) NHP 2002 — Decentralized public health system
The National Health Policy 2002 emphasized the importance of a decentralized public health system to improve the delivery of medical services. It aimed to empower local bodies and ensure that health planning was more responsive to community needs. In contrast, NHP 1983 focused on "Health for All by 2000," while NHP

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2017 introduced the concept of Health and Wellness Centres.

70. (B) Exclusivity for urbanites
Primary health care is based on several core principles, including equity, accessibility, and community participation. It aims to provide essential care that is affordable and socially acceptable to all individuals, regardless of their location. Therefore, exclusivity for urban residents is not a feature of this approach. Instead, primary health care focuses on reaching the most underserved and remote populations to ensure fairness.

71. (D) High life expectancy with low income levels
The significance of the Kerala Model in health planning lies in its achievement of high life expectancy and low mortality rates despite relatively low per capita income levels. This success demonstrates that social investments in education, primary health care, and land reforms can lead to superior health outcomes. The model emphasizes public welfare and community involvement as key drivers of human development.

72. (B) 2005
The National Rural Health Mission was launched in April 2005 to provide accessible, affordable, and quality healthcare to the rural population. It specifically focused on eighteen states with poor health indicators and weak infrastructure. The mission introduced several key initiatives, including the ASHA program and the strengthening of primary health centers, to reduce maternal and infant mortality across rural India.

73. (C) Facilitating service access/awareness
An ASHA worker's primary competency is her ability to facilitate access to healthcare services and raise health awareness within her community. As a village-level volunteer, she guides residents toward immunization, maternal care, and family planning services. She does not perform surgeries or manage district budgets; instead, she acts as a crucial link that connects the rural population to the formal health system.

74. (A) India lacks the WHO ratio of 3 per 1,000
India currently faces a challenge in meeting the World Health Organization's recommended ratio of three hospital beds per one thousand people. While infrastructure has improved, the actual bed-population ratio remains below this international benchmark in many regions. Furthermore, there is a significant disparity between urban and rural areas, with urban centers holding a much higher concentration of available hospital beds.

75. (C) Both Statement I and Statement II are correct.
The National Health Mission is a comprehensive initiative that encompasses both the National Rural Health Mission and the National Urban Health Mission. Its primary goal is to ensure universal access to equitable, affordable, and quality healthcare services for all citizens. By integrating these two components, the mission addresses the diverse health needs of the entire country through a unified and systematic approach.

76. (B) Resource allocation to solve health issues
Health care planning is the systematic process of assessing health needs and allocating resources to solve specific health problems. It involves setting priorities, defining goals, and determining the most effective ways to use available funds, personnel, and facilities. The ultimate objective is to improve the health status of the population by ensuring that medical services are distributed equitably and efficiently.

77. (C) An initiative combining HWCs and PM-JAY
Ayushman Bharat is a landmark health initiative by the Government of India that aims to achieve Universal Health Coverage. It consists of two major pillars: the establishment of Health and Wellness Centres for comprehensive primary care and the Pradhan Mantri Jan Arogya Yojana for hospital insurance. Together, these components provide a continuum of care from the community level to specialized hospital treatment.

78. (D) Immediate paper record removal by 2018
The National Health Policy 2017 emphasizes the use of digital technology to improve health delivery. This includes the creation of a National Health Information Network and the promotion of telemedicine and smartphone-based data collection. However, the policy did not mandate

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the immediate and total removal of all paper records by 2018. Instead, it advocates for a gradual and systematic transition to digital systems.

79. (B) Four
In the structured referral hierarchy of the Indian health system, a Community Health Centre is designed to serve as a referral point for four Primary Health Centres. This arrangement ensures that patients who require more specialized care than what a PHC can provide can be easily transferred to a CHC. This systematic link helps in managing patient loads and clinical complexity effectively.

80. (B) Specialized advanced cancer treatment
Tertiary health care represents the most specialized level of the medical system, involving advanced diagnostic and treatment facilities. An example is the specialized treatment of cancer, which requires sophisticated technology and expert multi-specialty teams. This level of care is typically provided in major institutions like medical colleges or specialized regional centers, rather than at the primary or secondary health facilities.

81. (B) Connecting rural patients to specialists
Telemedicine plays a crucial role in bridging the rural-urban health gap by enabling remote consultations between rural patients and urban medical specialists. This technology allows for the digital transmission of medical information and real-time communication. By providing expert advice to underserved areas, it improves the quality of care available to remote populations and reduces the need for patients to travel long distances.

82. (A) Providing cash for institutional delivery
In Low Performing States, the primary objective of Janani Suraksha Yojana is to increase the rate of institutional deliveries. The scheme achieves this by providing cash assistance to poor pregnant women who choose to give birth in a health facility. This financial support helps to cover delivery-related expenses, thereby reducing maternal and neonatal mortality by ensuring that births are attended by professionals.

83. (C) It targets mortality and end epidemics
Sustainable Development Goal 3 focuses on ensuring healthy lives and promoting well-being for all ages. Its specific targets include reducing maternal and infant mortality and ending the epidemics of AIDS, tuberculosis, and malaria. This global goal applies to all nations and aims for achievement by 2030. It encompasses a wide range of health issues, including universal coverage and environmental health factors.

84. (D) Comprehensive Primary Health Care (CPHC)
The establishment of Health and Wellness Centres is a key pillar of the Ayushman Bharat program. These centres aim to provide Comprehensive Primary Health Care services to the community, covering a broad range of medical needs beyond just maternal and child health. This includes screening and management of non-communicable diseases, mental health, and geriatric care, bringing essential services closer to people's homes.

85. (A) Statement I is correct, but Statement II is incorrect.
Primary Health Centres act as the first referral units for the more peripheral Sub-centres, providing a higher level of medical care. While a PHC is headed by a medical officer, it is not always staffed by a specialist surgeon. Specialized surgical services are typically found at the Community Health Centre level or higher, which serves as a referral point for several PHCs.

86. (B) High reliance on private outpatient care
High out-of-pocket expenditure in India is primarily driven by the significant reliance of the population on private outpatient care. Because public facilities often face resource shortages or are less accessible, many people seek treatment from private providers, where they must pay for services and drugs at the point of care. This trend contributes to the substantial financial burden experienced by many households.

87. (C) 5,000
The Sub-centre is the fundamental unit of the Indian healthcare system, serving as the most peripheral point of contact. In plain areas, a Sub-centre is established for every five thousand people to ensure that basic medical services are accessible. These units are staffed by health

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21. Which Vedanga is dedicated to the study of etymology and the interpretation of difficult Vedic words?
(A) Nirukta
(B) Vyakarana
(C) Jyotisha
(D) Shiksha

22. The Ramayana is traditionally divided into how many 'Kandas' or books?
(A) Five
(B) Seven
(C) Nine
(D) Twelve

23. Which of the following was the primary characteristic of the Early Vedic economy?
(A) Large-scale industrial production
(B) Pastoralism and cattle rearing
(C) Maritime trade with Mesopotamia
(D) Extensive iron-tool based agriculture

24. In which book of the Mahabharata is the Bhagavad Gita contained?
(A) Adi Parva
(B) Vana Parva
(C) Bhishma Parva
(D) Shanti Parva

25. Consider the following Vedangas:
I. Vyakarana (Grammar)
II. Jyotisha (Astronomy)
III. Chandas (Metrics)
Which of the above are part of the six auxiliary disciplines of the Vedas?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

26. Which of the following Vedangas is specifically associated with the calculation of time for performing sacrifices?
(A) Jyotisha
(B) Nirukta
(C) Kalpa
(D) Shiksha

27. Which of the following statements regarding the Later Vedic society is INCORRECT?
(A) The Varna system became more rigid, fixed, and hereditary
(B) Society remained egalitarian without any social hierarchy
(C) Agriculture became the primary occupation and economic base
(D) Tribal chiefdoms evolved into much larger territorial states

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28. The concept of 'Dharma' in Vedic literature most appropriately signifies:
(A) Individual financial profit
(B) Ethical duty and cosmic order
(C) Renunciation of all worldly activities
(D) Military conquest of neighbors

29. Which of the following is NOT one of the 12 principal Upanishads?
(A) Yoga Vashistha
(B) Brihadaranyaka
(C) Chandogya
(D) Mundaka

30. Given below are two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements and select the correct answer using the codes given below:
Assertion (A): The Upanishads are often referred to as 'Vedanta'.
Reason (R): They form the concluding part of the Vedic literature and represent its highest philosophical goals.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which of the following refers to the body of Vedic texts that are 'remembered' and attributed to human authors?
(A) Shruti
(B) Samhita
(C) Brahmanas
(D) Smriti

32. Match List-I (Veda) with List-II (Associated Priest) and select the correct answer using the codes given below:
List I: (Veda)
P. Rigveda

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major goals is to increase life expectancy at birth from sixty-seven point five to seventy years by the year 2025. This target reflects the broader objective of reducing mortality and promoting healthy lifestyles through improved public health interventions.

97. (B) Focus on expensive technology
Primary health care is built upon several fundamental pillars, including equitable distribution, community involvement, and inter-sectoral coordination. It also emphasizes the use of appropriate technology that is affordable and socially acceptable. Therefore, focusing on expensive and sophisticated technology is not a pillar of this approach. Instead, primary health care prioritizes essential and sustainable services that can be accessed by the entire community.

98. (A) High social development and health indicators
The Kerala Model of development is best described by its high social indicators and health outcomes, which exist alongside relatively modest economic growth. The state has achieved high levels of literacy, particularly among women, and low infant and maternal mortality rates. This success is due to a long-standing commitment to public health, education, and social equity, serving as a global example.

99. (C) Quality service access without financial hardship
Universal Health Coverage aims to ensure that all people and communities can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective. Crucially, it ensures that the use of these services does not expose the user to financial hardship. This concept is central to achieving global health equity and improving the well-being of populations.

100. (B) 2%
POSHAN Abhiyaan, India's flagship nutrition mission, sets ambitious annual targets to improve maternal and child health outcomes. A primary goal of the mission is to reduce the prevalence of stunting in children by two percent per annum. By implementing a multi-ministerial approach and using technology-based monitoring, the program seeks to achieve a significant reduction in malnutrition and related health issues nationwide.

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workers who provide essential services such as immunization, maternal health care, and basic disease prevention.

88. (A) PM-JAY — Financial protection for hospitalization
PM-JAY is a major health insurance scheme that provides financial protection for secondary and tertiary hospitalizations to vulnerable families. Other pairs, such as POSHAN Abhiyaan and road safety, are incorrectly matched. NRHM focuses on rural areas rather than just urban slums, and NHP 1983 predates the current emphasis on digital health. Therefore, the PM-JAY pair correctly identifies its primary function.

89. (D) Quaternary
The standard organization of the health care system typically consists of three levels: primary, secondary, and tertiary. Primary care is the first point of contact, secondary care provides specialized services at the district level, and tertiary care involves highly specialized medical institutions. While some modern systems discuss quaternary care for even more advanced research, it is not a standard level traditionally defined.

90. (B) 0.25 per 1000
The National Health Policy 2017 sets various specific targets for disease control and elimination. One of its key objectives is to reduce the prevalence of blindness to zero point two five per one thousand population. This goal reflects the policy's focus on improving eye care services and preventing avoidable blindness through systematic screening, treatment, and community awareness programs nationwide.

91. (D) Guidance by Five-Year Plans and NITI Aayog
Health planning in India is characterized by its integration into the national development framework. Historically, it was guided by successive Five-Year Plans, and currently, it is overseen by NITI Aayog. This approach involves setting long-term goals and coordinating between the central and state governments. Planning ensures that health infrastructure and services are expanded systematically to meet the population's evolving medical needs.

92. (B) Social
The acronym ASHA stands for Accredited Social Health Activist. The "S" specifically represents the "Social" aspect of her role, highlighting her function as a community-based volunteer. She is trained to act as a health educator and a promoter of social welfare within her village. This social connection is vital for building trust and ensuring that health initiatives are accepted and utilized.

93. (C) Progressing toward Universal Health Coverage
A major focus area for health sector reforms in India is progressing toward Universal Health Coverage. This involves ensuring that all citizens have access to quality health services without facing financial hardship. Reforms aim to strengthen primary care through Health and Wellness Centres and provide financial protection for hospitalization. These efforts are designed to create a more equitable and efficient national health system.

94. (D) They reach populations in "shadow zones"
Mobile Health Units are designed to provide medical services to populations living in "shadow zones" where permanent health facilities are not available. These units travel to remote, hilly, or underserved areas to offer basic diagnostics and treatment. By reaching these isolated communities, they play a crucial role in improving health access and ensuring that vulnerable groups receive necessary medical attention despite geographical barriers.

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95. (A) Statement I is correct, but Statement II is incorrect.
There is a significant disparity in health infrastructure, with most tertiary care hospitals and specialized facilities located in urban areas. In contrast, rural areas often face a shortage of medical specialists and advanced diagnostic equipment. This imbalance means that rural residents must often travel to cities for complex medical treatments, highlighting the need for more balanced distribution of healthcare resources nationwide.

96. (C) 70 years by 2025
The National Health Policy 2017 aims to improve the overall health status of the population by setting specific long-term targets. One of these

of Sanskrit, is considered the primary medium of Vedic literature.
Reason (R): Sanskrit served as the liturgical and intellectual language that preserved Vedic oral traditions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

11. Which of the following Vedas is divided into two parts: 'Shukla' (White) and 'Krishna' (Black)?
(A) Rigveda
(B) Yajurveda
(C) Samaveda
(D) Atharvaveda

12. While there are a total of 108 Upanishads, how many are traditionally recognized as the 'Principal' or Mukhya Upanishads?
(A) 10
(B) 12
(C) 18
(D) 24

13. Which auxiliary discipline of the Vedangas deals specifically with the science of phonetics and pronunciation?
(A) Shiksha
(B) Kalpa
(C) Nirukta
(D) Chandas

14. Which of the following Upanishads contains the famous dialogue between Nachiketa and Yama regarding the nature of the soul?
(A) Brihadaranyaka
(B) Chandogya
(C) Katha
(D) Mundaka

15. Consider the following statements regarding Upanishadic philosophy:
I. It marks a shift from ritualism to philosophical inquiry.
II. It emphasizes the identity between Atman and Brahman.
III. It focuses heavily on the geographical boundaries of the Vedic heartland.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

16. In Vedic literature, what does the concept of 'Karma' fundamentally refer to?
(A) The physical strength of a warrior
(B) The ritual of animal sacrifice
(C) The law of action and consequence
(D) The accumulation of material wealth

17. Which of the following is the largest of the 18 major Puranas?
(A) Vishnu Purana
(B) Bhagavata Purana
(C) Skanda Purana
(D) Matsya Purana

18. To whom is the authorship of the great epic 'Mahabharata' traditionally attributed?
(A) Valmiki
(B) Tulsidas
(C) Kalidasa
(D) Vyasa

19. Which Veda is considered the root of Indian classical music and dance?
(A) Samaveda
(B) Rigveda
(C) Yajurveda
(D) Atharvaveda

20. Given below are two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements and select the correct answer using the codes given below:
Assertion (A): The Brahmanas were composed to explain the symbolism and meaning of the Vedic rituals.
Reason (R): The transition from the Early Vedic to the Later Vedic period saw an increase in the complexity of sacrifices.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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CHAPTER 14
Vedic Literature

1. What is the approximate chronological period assigned to the Vedic age in Indian history?
(A) 2500 BCE – 1500 BCE
(B) 2000 BCE – 1000 BCE
(C) 1500 BCE – 600 BCE
(D) 1000 BCE – 300 BCE

2. Which of the following is the literal meaning of the Sanskrit word 'Veda'?
(A) Ritual
(B) Devotion
(C) Prayer
(D) Knowledge

3. Regarding the Rigveda, which of the following statements is INCORRECT?
(A) It is primarily a collection of melodies for chants.
(B) It is the oldest of the four Vedas.
(C) It consists of 1,028 hymns.
(D) It is divided into ten books known as Mandalas.

4. Read the following statements regarding the Aranyakas and select the correct option:
Statement I: The Aranyakas are often referred to as 'Forest Books'.
Statement II: They focus on the mystical and philosophical interpretation of sacrificial rituals.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

5. Consider the following statements regarding the Atharvaveda:
I. It contains charms, spells, and incantations.
II. It is primarily focused on the performance of the Soma sacrifice.
III. It reflects the popular beliefs and traditions of the people.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

6. Which category of Vedic literature is considered 'that which is heard' and possesses eternal authority?
(A) Smriti
(B) Puranas
(C) Vedangas
(D) Shruti

7. In the context of Vedic philosophy, what does the concept of 'Brahman' represent?
(A) The specialized ritual priest responsible for the Rigveda
(B) The ultimate cosmic principle and impersonal reality
(C) The individual soul residing within the physical body
(D) The physical manifestation of nature and the elements

8. Which of the following Vedic texts is primarily excluded from the 'Aranyaka' classification despite being ritualistic?
(A) Aitareya
(B) Taittiriya
(C) Samaveda Samhita
(D) Shatapatha

9. Which of the following is an INCORRECT pair regarding the Veda and its primary theme?
(A) Rigveda — Hymns of praise
(B) Samaveda — Melodies and chants
(C) Yajurveda — Ritual formulas
(D) Atharvaveda — Rules of grammar

10. Given below are two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements and select the correct answer using the codes given below:
Assertion (A): The Vedic language, an early form

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Q. Samaveda
R. Yajurveda
S. Atharvaveda

List II: (Associated Priest)
1. Adhvaryu
2. Udgatri
3. Hotri
4. Brahman

(A) P-3, Q-2, R-1, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-2, S-4
(D) P-2, Q-3, R-1, S-4

33. Which Vedanga is essential for the correct construction and rhythm of the Vedic poetic verses?
(A) Nirukta
(B) Chandas
(C) Vyakarana
(D) Kalpa

34. Which Veda is unique for containing information regarding ancient Indian medicine and healing practices?
(A) Rigveda
(B) Samaveda
(C) Yajurveda
(D) Atharvaveda

35. Consider the following statements regarding the Puranas:
I. There are 18 major Puranas (Mahapuranas).
II. They contain accounts of the creation of the universe.
III. They were primarily composed in the Early Vedic period.

Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

36. Which Purana is most celebrated for its detailed description of the life and avatars of Vishnu?
(A) Matsya Purana
(B) Vayu Purana
(C) Bhagavata Purana
(D) Agni Purana

37. The transition from nature worship in the Early Vedic period to philosophical abstraction in the Later Vedic period is best evidenced in:
(A) The Upanishads
(B) The Brahmanas
(C) The Samhitas
(D) The Kalpa Sutras

38. Match List-I (Vedanga) with List-II (Meaning/Subject) and select the correct answer using the codes given below:

List I: (Vedanga)
P. Shiksha
Q. Kalpa
R. Vyakarana
S. Nirukta

List II: (Meaning/Subject)
1. Ritual Instructions
2. Phonetics
3. Etymology
4. Grammar

(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-4, S-1
(D) P-4, Q-1, R-2, S-3

39. Which category of Vedic literature serves as a guide for the domestic and public rituals to be performed by the householder?
(A) Shiksha
(B) Kalpa
(C) Aranyakas
(D) Upanishads

40. Given below are two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements and select the correct answer using the codes given below:

Assertion (A): The Ramayana and Mahabharata are considered 'Itihasa' in Indian tradition.

Reason (R): They provide a moral framework and define the concept of 'Dharma' through narrative examples.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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41. Which of the following disciplines is concerned with the linguistic analysis and correct usage of Sanskrit words?
(A) Jyotisha
(B) Chandas
(C) Kalpa
(D) Vyakarana

42. Which Upanishad is one of the oldest and largest, and is part of the Shukla Yajurveda?
(A) Brihadaranyaka
(B) Chandogya
(C) Mundaka
(D) Mandukya

43. In the Early Vedic society, the term 'Gavisthi' (search for cows) referred to:
(A) Agriculture
(B) War
(C) Ritual
(D) Marriage

44. Match List-I (Upanishad) with List-II (Key Concept/Mantra) and select the correct answer using the codes given below:
List I: (Upanishad)
P. Mundaka Upanishad
Q. Brihadaranyaka Upanishad
R. Chandogya Upanishad
S. Katha Upanishad
List II: (Key Concept/Mantra)
1. Satyamev Jayate
2. Aham Brahmasmi
3. Tat Tvam Asi
4. Dialogue with Yama
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-1, Q-3, R-2, S-4
(D) P-4, Q-2, R-1, S-3

45. Consider the following differences between Early and Later Vedic periods:
I. Shift from a pastoral economy to an agricultural economy.
II. Shift from tribal polity to territorial states.
III. Shift from Sanskrit to Prakrit as the primary literary language.
Which of the statements given above are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

46. Which Upanishad discusses the metaphor of the chariot to explain the relationship between the senses, mind, and the soul?
(A) Brihadaranyaka
(B) Aitareya
(C) Katha
(D) Prasna

47. How many major Puranas are traditionally listed in Vedic literature?
(A) 12
(B) 18
(C) 108
(D) 1028

48. Which of the following is NOT a mandala of the Rigveda?
(A) Second Mandala
(B) Seventh Mandala
(C) Eleventh Mandala
(D) Tenth Mandala

49. What is the most significant contribution of Vedic literature to Indian civilization?
(A) Development of a highly centralized maritime trade empire
(B) Creation of core philosophical and linguistic traditions
(C) Introduction of specialized silk weaving and textile arts
(D) Establishment of the very first urban city-state centers

50. Given below are two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements and select the correct answer using the codes given below:
Assertion (A): The Upanishads shifted the focus of religion from external rituals to internal meditation.
Reason (R): The concepts of Atman and Brahman became central to understanding the universe.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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51. The 'Krishna Yajurveda' is characterized by which of the following?
(A) It contains a mixture of hymns and prose explanations
(B) It contains only the hymns and avoids any prose commentary
(C) It is written entirely in the classical Dravidian language
(D) It is used exclusively by the trained Udgatri priest class

52. The term 'Aranyaka' is derived from 'Aranya', which means:
(A) River
(B) Mountain
(C) Forest
(D) Village

53. Who is traditionally considered the 'Adi Kavi' (First Poet) for composing the Ramayana?
(A) Valmiki
(B) Vyasa
(C) Bhasa
(D) Bharata

54. Which of the following is a correct pair regarding the text and its author?
(A) Ramayana — Vyasa
(B) Mahabharata — Valmiki
(C) Rigveda — Manu
(D) Bhagavad Gita — Vyasa

55. Match List-I (Veda) with List-II (Brahmana Text) and select the correct answer using the codes given below:
List I: (Veda)
P. Rigveda
Q. Samaveda
R. Yajurveda
S. Atharvaveda
List II: (Brahmana Text)
1. Shatapatha
2. Aitareya
3. Gopatha
4. Panchavimsha
(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-1, R-3, S-4
(D) P-3, Q-4, R-1, S-2

56. According to tradition, who classified the single Veda into four separate Samhitas?
(A) Valmiki
(B) Agastya
(C) Veda Vyasa
(D) Vishvamitra

57. The transition to an agricultural economy in the Later Vedic period led to the increased importance of which metal?
(A) Bronze
(B) Gold
(C) Copper
(D) Iron

58. Which of the following statements about 'Shiksha' is correct?
(A) Study of phonetics for the correct chanting of mantras
(B) Study of astronomy for fixing specific dates of rituals
(C) Study of legal codes and various modes of social ethics
(D) Study of poetic meters that are used throughout the Vedas

59. Arrange the following Vedic literary works in the chronological order of their traditional development:
1. Samhitas
2. Brahmanas
3. Aranyakas
4. Upanishads
(A) 1-2-3-4
(B) 4-3-2-1
(C) 1-3-2-4
(D) 2-1-3-4

60. Which of the following is NOT a feature of Shruti literature?
(A) It is considered 'Apaurusheya' (not of human origin).
(B) It includes the Puranas and the Epics.
(C) It was transmitted orally for centuries.
(D) It includes the four Veda Samhitas.

61. In the Upanishads, the term 'Atman' is most accurately translated as:
(A) The individual self or soul
(B) The physical body
(C) The ego or personality

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(D) The material world

62. Which Veda was for a long time NOT included in the 'Trayi' (the triad of Vedas)?
(A) Rigveda
(B) Samaveda
(C) Atharvaveda
(D) Yajurveda

63. The Samaveda consists mostly of hymns taken from which other Veda?
(A) Rigveda
(B) Yajurveda
(C) Atharvaveda
(D) None of the above

64. Out of the 108 Upanishads mentioned in the Muktika Upanishad, how many are typically studied as the Mukhya (Principal) foundation?
(A) 10
(B) 12
(C) 18
(D) 108

65. Arrange the following social groups in the traditional order of the Varna system as it developed in the Later Vedic period (from highest to lowest):
1. Vaishyas
2. Brahmins
3. Shudras
4. Kshatriyas

(A) 2-4-1-3
(B) 2-1-4-3
(C) 4-2-1-3
(D) 1-2-3-4

66. Which of the following is a characteristic of the Rigveda?
(A) It is written entirely in prose rather than poetic verse
(B) It was composed during the height of the Mauryan Empire
(C) It focuses exclusively on the life of the deity Krishna
(D) It consists of prayers to nature deities like Indra

67. The Upanishads represent the transition from:
(A) Ritualism to Spiritualism
(B) Agriculture to Industry
(C) Monarchy to Republic
(D) Polytheism to Atheism

68. How many auxiliary disciplines comprise the Vedangas?
(A) Four
(B) Six
(C) Eight
(D) Twelve

69. The Mahabharata is said to contain how many verses in its final form?
(A) 24,000
(B) 50,000
(C) 100,000
(D) 1,000,000

70. Which part of the Vedangas deals with the rules for performing domestic and public sacrifices (Shrauta, Grihya, and Dharma Sutras)?
(A) Vyakarana
(B) Nirukta
(C) Shiksha
(D) Kalpa

71. The language of the Vedas is best described as:
(A) Classical Sanskrit
(B) Vedic Sanskrit
(C) Pali
(D) Magadhi

72. Which of the following texts are primarily concerned with the 'Karma-Kanda' (ritualistic section) of the Vedas?
(A) Upanishads
(B) Aranyakas
(C) Brahmanas
(D) Bhagavad Gita

73. Which texts are known as the bridge between the Brahmanas and the Upanishads?
(A) Puranas
(B) Vedangas
(C) Smritis
(D) Aranyakas

74. Regarding the philosophy of the Upanishads, which statement is INCORRECT?
(A) They reject the existence of an individual soul.
(B) They explore the nature of reality.

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(C) They promote the idea of liberation (Moksha).
(D) They discuss the cycle of birth and death.

75. Match List-I (Author/Sage) with List-II (Work/Contribution) and select the correct answer using the codes given below:
List I: (Author/Sage)
P. Valmiki
Q. Vyasa
R. Panini
S. Yaska
List II: (Work/Contribution)
1. Ramayana
2. Mahabharata
3. Ashtadhyayi (Grammar)
4. Nirukta
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-1, Q-3, R-2, S-4
(D) P-4, Q-2, R-1, S-3

76. The Bhagavad Gita is a dialogue between which two figures?
(A) Rama and Hanuman
(B) Krishna and Arjuna
(C) Shiva and Parvati
(D) Yudhisthira and Bhishma

77. Which Purana is traditionally considered the oldest?
(A) Matsya Purana
(B) Vishnu Purana
(C) Bhagavata Purana
(D) Shiva Purana

78. Which of the following is an INCORRECT pair of Early Vedic deity and their domain?
(A) Indra — God of Thunder/Rain
(B) Agni — God of Fire
(C) Varuna — God of the Earthly soil
(D) Soma — God of Plants/Drink

79. The development of Vedic literature shows a progression toward:
(A) Simpler rituals
(B) Rejection of the Varna system
(C) The use of the Greek language
(D) Abstract philosophical thought

80. Which of the following statements about Vedic chronology is INCORRECT?
(A) The Rigveda was composed earlier than the other three Vedas.
(B) The Later Vedic period is marked by the use of Painted Grey Ware (PGW).
(C) The Upanishads were composed before the Rigveda Samhita.
(D) The Brahmanas were composed after the Samhitas.

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81. Etymologically, what does the term 'Upanishad' mean?
(A) To stand up and fight
(B) To sit down near (a teacher)
(C) To sing with devotion
(D) To walk in the forest

82. Which of the following is a correct pair of Veda and its specialized priest?
(A) Rigveda — Adhvaryu
(B) Yajur — Hotri
(C) Atharva — Rishis
(D) Samaveda — Udgatri

83. Which Veda is mostly composed of prose formulas meant to be recited during the performance of a sacrifice?
(A) Yajurveda
(B) Rigveda
(C) Samaveda
(D) Atharvaveda

84. The Atharvaveda was long considered different from the other three Vedas because:
(A) It was written primarily in a non-Sanskrit dialect
(B) It was composed entirely within the South Indian region
(C) It focused on folk beliefs and mundane daily matters
(D) It rejected the ultimate authority of the Brahmin class

85. Read the following statements regarding the Aranyakas and select the correct option:
Statement I: The Aranyakas serve as a transition from the ritualistic Brahmanas to the philosophical Upanishads.
Statement II: They were meant to be studied in the seclusion of the forest.

57. (D) Iron
The transition to a settled agricultural economy during the Later Vedic period was significantly aided by the widespread use of iron. Known as Krishna-ayas, iron was used to create stronger tools, such as plowshares and axes, which allowed for the clearing of thick forests in the Gangetic plains. This technological advancement led to increased agricultural productivity and the growth of larger territorial kingdoms.

58. (A) Study of phonetics for the correct chanting of mantras
Shiksha is the Vedanga dedicated to the study of phonetics, focusing on the correct articulation of sounds, the length of vowels, and the proper intonation of Vedic mantras. Accurate pronunciation was considered essential because the religious efficacy of a mantra was believed to be tied to its sound. This discipline ensured that the sacred hymns were transmitted without any phonetic corruption.

59. (A) 1-2-3-4
Vedic literature developed in a clear chronological and logical progression. It began with the Samhitas, which are the primary collections of hymns. These were followed by the Brahmanas, which explained the rituals. Next came the Aranyakas, focusing on symbolic interpretations, and finally the Upanishads, which explored abstract philosophy. This sequence reflects the movement of Vedic thought from ritualism toward spiritual realization.

60. (B) It includes the Puranas and the Epics.
Shruti literature consists of the texts considered to be of divine origin, including the four Vedas, Brahmanas, Aranyakas, and Upanishads. These were transmitted through an oral tradition of hearing and reciting. In contrast, the Puranas and the Epics belong to the category of Smriti, which are works attributed to human authors that supplement the authoritative and eternal knowledge found in Shruti.

61. (A) The individual self or soul
In the Upanishads, the term Atman refers to the innermost essence or the true self of an individual. It is distinguished from the physical body, the senses, and the ego. A central teaching of Upanishadic philosophy is that the individual Atman is ultimately identical to the universal reality, Brahman. Realizing this eternal and unchanging self is considered the path to spiritual liberation.

62. (C) Atharvaveda
For a long period, the Vedic tradition recognized only a triad of Vedas known as Trayi, which included the Rigveda, Samaveda, and Yajurveda. The Atharvaveda was initially excluded from this group because its content, which focuses on spells, charms, and everyday problems, was seen as different from the liturgical and sacrificial focus of the first three Vedas. It was only later fully integrated.

63. (A) Rigveda
The Samaveda is primarily a collection of verses meant for musical chanting during sacrifices. Almost all of its hymns are borrowed from the Rigveda, particularly from the eighth and ninth Mandalas. These verses were rearranged and set to musical scales so that the Udgatri priests could sing them. Thus, the Samaveda depends heavily on the Rigveda for its literary content.

64. (B) 12
While a total of 108 Upanishads are listed in tradition, only twelve are regarded as the principal or Mukhya Upanishads. These specific texts provide the foundation for the various schools of Indian philosophy, especially Vedanta. They are considered the most authoritative because they contain the essential spiritual insights regarding the nature of the self and its relationship with the ultimate cosmic reality.

65. (A) 2-4-1-3
The Varna system that developed during the Later Vedic period organized society into four hierarchical groups. At the top were the Brahmins, who were the priests and scholars. They were followed by the Kshatriyas, the warriors and rulers. The Vaishyas, who were the farmers and traders, occupied the third position, while the Shudras, the laboring class, were placed at the bottom.

66. (D) It consists of prayers to nature deities like Indra
The Rigveda is the oldest of the Vedas and consists of a collection of hymns addressed to various

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97. The Rigveda contains several hymns addressed to 'Ushas'. Who is Ushas?
(A) The Goddess of Fire
(B) The Goddess of Dawn
(C) The Goddess of Learning
(D) The Goddess of the River

98. The transition from Vedic Sanskrit to Classical Sanskrit is most clearly seen in the works associated with which Vedanga?
(A) Jyotisha
(B) Kalpa
(C) Nirukta
(D) Vyakarana

99. Read the following statements and select the correct option:
Statement I: The Vedic period represents the foundation of the Indian socio-religious fabric.
Statement II: The literature produced in this period moved from polytheistic nature worship to monistic philosophy.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

100. Which of the following summarizes the contribution of Vedic literature to Indian civilization?
(A) It led to the complete abandonment of oral traditions
(B) It focused solely on aspects of political administration
(C) It recorded early medical, linguistic, and philosophy
(D) It provided the first written legal codes of the world

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ANSWERS

1. (C) 1500 BCE – 600 BCE
The Vedic age is traditionally divided into two distinct phases, covering a total period from approximately 1500 BCE to 600 BCE. The early phase focuses on the composition of the Rigveda, while the later phase encompasses the other three Vedas and subsequent philosophical developments. This timeframe represents a fundamental transformation in ancient Indian social and religious history.

2. (D) Knowledge
Derived from the Sanskrit root vid, the word Veda literally translates to knowledge. These sacred texts are considered the ultimate source of spiritual and worldly wisdom in Indian tradition. They provide a comprehensive framework for understanding rituals, philosophy, and the laws of nature, having been preserved through a sophisticated system of oral recitation over many generations.

3. (A) It is primarily a collection of melodies for chants.
The Rigveda serves as the foundation of Vedic literature and is recognized as the oldest text among the four Vedas. It is structured into ten Mandalas containing precisely 1,028 hymns. While the Samaveda is the primary collection of musical melodies, the Rigveda consists of prayers and praises composed in poetic verse dedicated to various deities of nature.

4. (C) Both statements are correct.
Aranyakas are specialized Vedic texts that serve as a bridge between the ritualistic Brahmanas and the philosophical Upanishads. Often called forest books, they were intended for practitioners living in seclusion. Their content shifts away from external sacrificial performances toward mystical reflections and symbolic interpretations of rituals, laying the intellectual groundwork for later spiritual inquiry and internal meditation.

5. (C) I and III only
The Atharvaveda differs significantly from the other three Vedas by focusing on the everyday lives of common people. It contains a vast collection of charms, spells, and incantations intended to ward off evils or bring healing. While it reflects popular beliefs and traditions, it is not primarily concerned with the performance of the ritualistic Soma sacrifice.

6. (D) Shruti
Vedic literature is categorized into two main groups, known as Shruti and Smriti. Shruti refers to that which is heard and is considered to be of divine origin or eternal truth, possessing supreme authority. This category includes the four Samhitas, Brahmanas, Aranyakas, and Upanishads, which were preserved through precise oral transmission by ancient sages for centuries.

7. (B) The ultimate cosmic principle and impersonal reality
In Vedic and Upanishadic philosophy, Brahman signifies the absolute, infinite, and unchanging reality that underlies the entire universe. It is the ultimate cosmic principle and impersonal spirit from which everything originates and into which everything eventually dissolves. This concept is central to the spiritual realization of the identity between the individual soul and the universal consciousness.

8. (C) Samaveda Samhita
Aranyakas are specific sections of the Vedas that focus on the symbolic and mystical meanings of sacrifices. While texts like the Aitareya, Taittiriya, and Shatapatha contain Aranyaka portions associated with their respective Brahmanas, the Samaveda Samhita itself is a collection of melodies and verses meant for chanting and does not fall under the specific Aranyaka literary classification.

9. (D) Atharvaveda — Rules of grammar
Each Veda serves a distinct purpose in the liturgical tradition of ancient India. The Rigveda contains hymns of praise, the Samaveda focuses on musical melodies, and the Yajurveda provides ritual formulas. However, the Atharvaveda is

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associated with spells, charms, and healing practices rather than linguistic rules. Grammar, or Vyakarana, is actually one of the six auxiliary Vedangas.

10. (A) Both A and R are true and R is the correct explanation of A.
Vedic Sanskrit is the ancient Indo-Aryan language used to compose the oldest religious texts of India. It served as a specialized liturgical and intellectual medium that allowed for the precise preservation of oral traditions. Because it was the primary vehicle for transmitting sacred knowledge, it remained the dominant language for all layers of the extensive Vedic literary corpus.

11. (B) Yajurveda
The Yajurveda is unique among the four Vedas because it is divided into two distinct versions. The Shukla or White Yajurveda contains only the mantras required for rituals, while the Krishna or Black Yajurveda includes both the mantras and the prose explanations or commentaries. This Veda serves as a practical guidebook for priests during the performance of sacrifices.

12. (B) 12
Although traditional lists mention a total of 108 Upanishads, only a specific group is recognized as the Mukhya or principal Upanishads. These twelve texts are considered the most authoritative because they contain the core philosophical teachings of the Vedic tradition. They have been extensively studied and commented upon by major Indian philosophers to explain the nature of ultimate reality.

13. (A) Shiksha
Shiksha is the first of the six Vedangas and focuses on the science of phonetics and pronunciation. Since the Vedas were preserved orally for thousands of years, maintaining the correct sound, accent, and rhythm of every syllable was considered essential. This discipline ensured that the power and meaning of the sacred mantras remained intact through precise vocal execution during rituals.

14. (C) Katha
The Katha Upanishad is famous for its philosophical narrative involving a young boy named Nachiketa and Yama, the lord of death. In this dialogue, Nachiketa seeks to understand what happens to the soul after the body perishes. Yama explains the nature of the self, the importance of self-realization, and the path to achieving liberation from the cycle of rebirth.

15. (A) I and II only
Upanishadic philosophy marks a significant intellectual shift in the Vedic tradition from external ritualism to internal spiritual inquiry. These texts emphasize the realization of the absolute identity between the individual self, known as Atman, and the universal reality, known as Brahman. They focus on spiritual liberation rather than the geographical boundaries or physical descriptions of the ancient Vedic heartland.

16. (C) The law of action and consequence
In the context of Vedic and subsequent Indian philosophy, Karma fundamentally refers to the universal law of action and consequence. It posits that every physical or mental deed creates a corresponding effect that shapes an individual's future experiences and circumstances. This principle is central to understanding the ethical framework of human life and the cycle of birth and death.

17. (C) Skanda Purana
The Skanda Purana is recognized as the largest among the eighteen major Puranas, containing over 81,000 verses. It is dedicated to the life and deeds of Skanda, also known as Kartikeya or Murugan, the son of Shiva and Parvati. The text is a vast encyclopedia of mythology, geography, and pilgrimage sites, reflecting the diverse cultural traditions of India.

18. (D) Vyasa
The Mahabharata, one of the world's longest epic poems, is traditionally attributed to the sage Krishna Dvaipayana, more commonly known as Veda Vyasa. He is also credited with classifying the single Veda into four parts. The epic depicts the struggle for the throne of Hastinapura and serves as a comprehensive guide to dharma, politics, ethics, and spiritual duty.

19. (A) Samaveda
The Samaveda is often described as the Veda of melodies and chants. It consists of verses, mostly

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(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

86. The term 'Vedanta' is literally translated as:
(A) The beginning of the Vedas
(B) The auxiliary of the Vedas
(C) The criticism of the Vedas
(D) The end (culmination) of the Vedas

87. Which concept in Vedic literature refers to the cosmic order that sustains the universe?
(A) Karma
(B) Rta
(C) Maya
(D) Bhakti

88. The concept of 'Samsara' or the cycle of rebirth is most explicitly developed in which layer of Vedic literature?
(A) Samhitas
(B) Brahmanas
(C) Upanishads
(D) Vedangas

89. Which of the following statements about 'Dharma' in the Vedic context is correct?
(A) It applied exclusively to the priestly Brahmin class
(B) It was a concept introduced in the medieval period
(C) It implies a total rejection of all established laws
(D) It refers to fixed duties and social obligations

90. The 'Puranas' traditionally deal with five subjects (Pancha-lakshana). Which of the following is one of them?
(A) Genealogies of kings (Vamshanucharita)
(B) Science of metallurgy
(C) Techniques of seafaring
(D) Rules of architectural design

91. Which of the following is an INCORRECT pair regarding the Epics?
(A) Ramayana — 24,000 Shlokas
(B) Ramayana — Focuses on the Kuru-Pandava war
(C) Mahabharata — Jayasamhita (original name)
(D) Mahabharata — Includes the Bhagavad Gita

92. Which of the following was NOT a prominent feature of the Later Vedic economy?
(A) Wide cultivation of essential crops like rice and wheat
(B) Predominance of nomadic cattle rearing over farming
(C) Transition to a sedentary and settled way of living
(D) Emergence of highly specialized crafts and trade guilds

93. Which of the following correctly describes the Vedic social structure?
(A) It was a patriarchal society.
(B) It was a matriarchal society.
(C) It had no concept of family units.
(D) It was governed by a central democratic parliament.

94. What is the primary purpose of the Vedangas?
(A) To replace the Vedas as the main theological scripture
(B) To promote a new religion different from Brahmanism
(C) To provide tools to understand and preserve the Vedas
(D) To record the history of various foreign invasions

95. The work 'Nirukta' is attributed to which ancient sage?
(A) Panini
(B) Pingala
(C) Lagadha
(D) Yaska

96. Which statement about the Bhagavata Purana is correct?
(A) A text primarily dedicated to the god Shiva
(B) A text considered part of the Shruti corpus
(C) A popular Purana focusing on Krishna-Bhakti
(D) A text composed during the Early Vedic period

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is considered essential for personal growth and social stability.

29. (A) Yoga Vashistha
The principal Upanishads, such as the Brihadaranyaka, Chandogya, and Mundaka, form the core of the Vedic philosophical tradition. While the Yoga Vashistha is a significant philosophical text that discusses the nature of reality and the path to liberation, it is not classified among the twelve Mukhya Upanishads. It is a much later composition belonging to the Vedantic and Yogic literature.

30. (A) Both A and R are true and R is the correct explanation of A.
The Upanishads are frequently called Vedanta because they appear at the end of the Vedic corpus and represent its ultimate philosophical conclusion. They move beyond the ritualistic focus of the earlier Samhitas and Brahmanas to explore the nature of the self and the universe. Consequently, they are regarded as the culmination of Vedic knowledge and its highest spiritual goals.

31. (D) Smriti
Smriti refers to a category of sacred literature that is remembered and attributed to human authors, in contrast to the divinely heard Shruti. This body of work includes the Vedangas, the great epics, the Puranas, and the various Dharma Shastras. Smriti texts serve as guides for social conduct, law, and traditional history, reflecting the evolving cultural practices of ancient India.

32. (A) P-3, Q-2, R-1, S-4
Each Veda is traditionally associated with a specialized priest responsible for specific tasks during a sacrifice. The Hotri recites hymns from the Rigveda, the Udgatri chants melodies from the Samaveda, the Adhvaryu performs the manual ritual actions according to the Yajurveda, and the Brahman acts as the overall supervisor using the knowledge of the Atharvaveda to correct errors.

33. (B) Chandas
Chandas is the Vedanga concerned with the science of poetic metrics and prosody. Since the Vedic hymns were composed in specific meters, such as Gayatri or Trishtubh, understanding these structures was essential for correct recitation. This discipline ensures that the rhythm and flow of the verses are maintained, which was believed to be vital for the efficacy of the mantras.

34. (D) Atharvaveda
The Atharvaveda contains a wealth of information regarding ancient Indian medicine, including the use of herbs, chants, and rituals to treat various ailments. It addresses both physical and psychological health, reflecting an early understanding of the healing arts. This practical focus on mundane well-being distinguishes it from the more liturgically oriented Rigveda, Samaveda, and Yajurveda.

35. (A) I and II only
The Puranas are a vast collection of ancient Indian literature consisting of eighteen major texts known as Mahapuranas. They provide detailed accounts of the creation of the universe, the genealogies of kings and sages, and the deeds of various deities. While they contain ancient traditions, they were primarily compiled and expanded during the post-Vedic period rather than the Early Vedic era.

36. (C) Bhagavata Purana
The Bhagavata Purana is one of the most widely read and celebrated Puranas in the Hindu tradition. It focuses extensively on the various incarnations of Vishnu, with a particular emphasis on the life, teachings, and childhood of Krishna. The text promotes the path of Bhakti, or loving devotion, as the most effective means to achieve spiritual union with the divine.

37. (A) The Upanishads
The Upanishads mark the intellectual transition from the nature worship and ritualistic emphasis of the early Vedic period to a more abstract and internal philosophical inquiry. In these texts, the focus shifts from pleasing external deities through sacrifices to understanding the inner self and the ultimate reality. This development represents the birth of classical Indian philosophy and the search for liberation.

38. (A) P-2, Q-1, R-4, S-3
The Vedangas are specialized sciences that help in the correct interpretation and application of the Vedas. Shiksha deals with phonetics and proper pronunciation, while Kalpa provides

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drawn from the Rigveda, that are set to musical scales for singing during sacrifices. Because of its focus on rhythm, tone, and melody, it is considered the foundational source of Indian classical music, dance, and the science of musical sound.

20. (A) Both A and R are true and R is the correct explanation of A.
During the transition from the Early Vedic to the Later Vedic period, religious practices became increasingly elaborate and technical. This complexity necessitated the composition of the Brahmanas, which are prose texts dedicated to explaining the symbolism and procedures of rituals. They provided priests with the necessary details to ensure that every step of the sacrifice was performed correctly.

21. (A) Nirukta
Nirukta is a specialized Vedanga that deals with the science of etymology and the interpretation of difficult words found in the Vedic Samhitas. Attributed to the sage Yaska, this discipline explains how words are formed from roots and provides clarity on their specific meanings. It is essential for accurately understanding the ancient and often obscure language of the Vedas.

22. (B) Seven
The Ramayana, the ancient Indian epic composed by the sage Valmiki, is traditionally divided into seven books known as Kandas. These sections trace the journey of Rama from his birth and childhood through his exile, the search for Sita, the great battle against Ravana, and his eventual return to Ayodhya to establish a righteous and prosperous kingdom.

23. (B) Pastoralism and cattle rearing
The economy of the Early Vedic period was primarily pastoral, with cattle rearing serving as the most significant occupation and measure of wealth. The Rigvedic tribes were semi-nomadic, moving their herds across the Punjab region. While some basic agriculture was practiced, cattle were the central focus of social, economic, and even religious life, often leading to inter-tribal conflicts.

24. (C) Bhishma Parva
The Bhagavad Gita is a profound philosophical dialogue located within the Bhishma Parva, which is the sixth book of the Mahabharata. It occurs on the battlefield of Kurukshetra just before the great war begins. In this text, Krishna provides spiritual guidance to the warrior Arjuna, addressing his moral dilemmas and explaining the paths of duty, knowledge, and devotion.

25. (D) I, II, and III
The Vedangas consist of six auxiliary disciplines designed to facilitate the correct study, preservation, and application of the Vedas. These include Shiksha for phonetics, Kalpa for ritual instructions, Vyakarana for grammar, Nirukta for etymology, Chandas for poetic metrics, and Jyotisha for astronomy. Together, they provide a scientific framework for mastering the complex linguistic and ritualistic aspects of Vedic literature.

26. (A) Jyotisha
Jyotisha is the Vedanga dedicated to the study of astronomy and the calculation of time. In the Vedic tradition, the effectiveness of a sacrifice was believed to depend on it being performed at an auspicious moment. This discipline provided the mathematical and observational tools needed to create calendars and determine the precise positions of celestial bodies for ritual scheduling.

27. (B) Society remained egalitarian without any social hierarchy
During the Later Vedic period, Indian society underwent a major transformation characterized by the emergence of a more rigid and hereditary Varna system. The simple tribal structures of the early period evolved into larger territorial states governed by powerful kings. Agriculture became the economic mainstay, replacing the earlier pastoral lifestyle and leading to a settled and stratified social organization.

28. (B) Ethical duty and cosmic order
Dharma is a foundational concept in Vedic literature that encompasses a wide range of meanings, including ethical duty, law, and social obligation. It refers to the underlying cosmic order that sustains the universe and the specific moral principles that individuals must follow to maintain harmony. Adhering to one's dharma

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the duties of various social groups, reflecting a comprehensive religious and cultural worldview.

48. (C) Eleventh Mandala
The Rigveda is organized into exactly ten books, which are known as Mandalas. These books vary in age and content, with the family books from two to seven being considered the oldest parts. The tenth Mandala contains more philosophical and social hymns, including the famous Purusha Sukta. There is no eleventh Mandala, as the traditional structure of the text is strictly limited to ten.

49. (B) Creation of core philosophical and linguistic traditions
The most enduring contribution of Vedic literature is the establishment of India's foundational philosophical and linguistic traditions. By developing a sophisticated language and exploring deep questions about reality, the self, and ethics, these texts shaped the intellectual landscape of South Asia. The concepts and methods introduced during this period continue to influence Indian culture, religion, and academic study today.

50. (A) Both A and R are true and R is the correct explanation of A.
The Upanishads represent a major turning point in religious thought by prioritizing internal meditation over external ritual performances. This shift was driven by the new philosophical focus on understanding Atman and Brahman. By identifying the individual soul with the universal reality, the Upanishads provided a spiritual framework that moved beyond the sacrificial altar and toward a deeper, personal realization of truth.

51. (A) It contains a mixture of hymns and prose explanations
The Krishna or Black Yajurveda is characterized by its mixed structure, where the sacrificial formulas or hymns are interspersed with prose commentaries and explanations. This style contrasts with the Shukla or White Yajurveda, which keeps the mantras and their explanations in separate texts. The integrated nature of the Krishna Yajurveda provides immediate context for the application of its various ritual instructions.

52. (C) Forest
The word Aranyaka is derived from the Sanskrit term Aranya, which means forest. These texts were specifically composed for and studied by students and hermits who had retired to the seclusion of the forest. Because they were meant for those away from common society, they focused on the symbolic and meditative aspects of religion rather than the physical performance of domestic rituals.

53. (A) Valmiki
The sage Valmiki is traditionally honored as the Adi Kavi, or the first poet, in the Sanskrit literary tradition. This title was given to him because he is credited with composing the Ramayana, the first great epic poem in Sanskrit. His work established the poetic structure and aesthetic standards that influenced countless writers and poets throughout the history of Indian literature.

54. (D) Bhagavad Gita — Vyasa
Tradition attributes the authorship of the major Indian epics and their components to specific sages. Valmiki is the author of the Ramayana, while Veda Vyasa is the composer of the Mahabharata, of which the Bhagavad Gita is a significant part. The Rigveda is not the work of a single author but a collection of hymns revealed to many different ancient rishis.

55. (A) P-2, Q-4, R-1, S-3
Each of the four Vedas has its own set of Brahmanas, which are prose texts that explain the rituals. The Aitareya belongs to the Rigveda, the Panchavimsha to the Samaveda, the Shatapatha to the Yajurveda, and the Gopatha to the Atharvaveda. These texts were crucial for the priestly class as they provided the theological justification and practical details for every sacrificial act.

56. (C) Veda Vyasa
According to Indian tradition, the sage Krishna Dvaipayana was given the name Veda Vyasa because he classified the original, single body of Vedic knowledge into four separate Samhitas. This classification was done to ensure that the vast and complex oral tradition could be more easily preserved and taught to future generations. Vyasa remains a central figure in the transmission of Vedic wisdom.

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detailed ritual instructions. Vyakarana is the science of grammar, ensuring linguistic accuracy, and Nirukta focuses on etymology to explain the origin and meaning of words. These disciplines were essential for preserving the Vedic tradition.

39. (B) Kalpa
Kalpa is the Vedanga that provides systematic rules for the performance of various rituals. It is divided into sub-categories, such as Shrauta Sutras for public sacrifices, Grihya Sutras for domestic ceremonies, and Dharma Sutras for social and legal duties. This literature served as a comprehensive manual for the householder and the priest to ensure the proper conduct of religious life.

40. (A) Both A and R are true and R is the correct explanation of A.
In Indian tradition, the Ramayana and the Mahabharata are classified as Itihasa, meaning that which truly happened. Beyond their historical narratives, these epics serve a pedagogical purpose by illustrating the complex nature of dharma through the actions of their characters. They provide a moral and ethical framework that has guided social behavior and personal conduct for many generations.

41. (D) Vyakarana
Vyakarana is the Vedanga dedicated to the study of grammar and linguistic analysis. It provides the rules for word formation, sentence structure, and the correct usage of the Sanskrit language. Panini's Ashtadhyayi is the most famous work in this field, establishing a highly sophisticated system that influenced not only Vedic interpretation but also the development of classical Sanskrit literature.

42. (A) Brihadaranyaka
The Brihadaranyaka Upanishad is recognized as one of the oldest and most extensive texts in the Upanishadic corpus. Belonging to the Shukla Yajurveda, it contains profound philosophical discourses on the nature of the self, the universe, and the concept of Brahman. It features significant dialogues involving famous sages like Yajnavalkya and remains a foundational text for the Vedanta school of philosophy.

43. (B) War
In the Early Vedic period, cattle were the most precious possession and a primary source of wealth. The term Gavisthi literally means the search for cows and was commonly used to denote warfare or tribal raids. Since pastoral life revolved around protecting and increasing herds, conflicts between tribes often originated from the desire to capture cattle from neighboring groups.

44. (A) P-1, Q-2, R-3, S-4
Each Upanishad is associated with specific profound teachings or famous mantras. The Mundaka Upanishad contains the national motto Satyamev Jayate, while the Brihadaranyaka features the declaration Aham Brahmasmi. The Chandogya includes the essential teaching Tat Tvam Asi, and the Katha is built around the dialogue with Yama. These concepts represent the core philosophical insights of the ancient Vedic sages.

45. (A) I and II only
The transition between the Early and Later Vedic periods involved significant social and economic changes. The economy moved from a semi-nomadic pastoral base to settled agriculture, and the political structure shifted from small tribal units to larger territorial states. While these shifts were profound, the primary literary language remained Vedic Sanskrit, which only later evolved into the classical form of the language.

46. (C) Katha
The Katha Upanishad uses the powerful metaphor of a chariot to explain the human condition. In this analogy, the soul is the master of the chariot, the body is the chariot itself, the intellect is the driver, and the mind represents the reins. The senses are likened to the horses, illustrating the need for self-discipline and control to reach the spiritual goal.

47. (B) 18
Traditional Indian literature lists eighteen major Puranas, which are the primary sources of mythological and traditional history. These Mahapuranas are distinct from the numerous minor Puranas or Upapuranas. They cover a wide range of topics, including the creation of the world, the stories of gods and goddesses, and

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deities representing natural forces. Figures like Indra, the god of thunder, and Agni, the god of fire, are central to these prayers. The text reflects the religious life of a semi-nomadic people who sought the blessings of nature for prosperity, health, and victory.

67. (A) Ritualism to Spiritualism
The Upanishads represent a profound transformation in ancient Indian thought as they move away from the external performance of rituals and sacrifices found in the earlier Vedas. Instead, they focus on internal spiritual inquiry and the realization of the self. This shift from the mechanical aspects of religion to a deeper spiritual philosophy marks the beginning of the Vedantic tradition in India.

68. (B) Six
There are six auxiliary disciplines known as Vedangas that are essential for the proper understanding and study of the Vedas. These include Shiksha for phonetics, Kalpa for ritual procedure, Vyakarana for grammar, Nirukta for etymology, Chandas for poetic meter, and Jyotisha for astronomy. Together, they form a comprehensive academic framework that preserved the integrity of the Vedic corpus over thousands of years.

69. (C) 100,000
The Mahabharata is one of the longest epic poems in world literature, containing approximately 100,000 verses in its final form. It grew over several centuries from an original shorter version known as the Jaya Samhita. The epic covers a vast range of human experiences and philosophical questions, making it a comprehensive cultural and ethical encyclopedia for the Indian tradition.

70. (D) Kalpa
Kalpa is the Vedanga that deals with the systematic classification and rules for performing various rituals and sacrifices. It is preserved in the form of Sutras, which are concise aphorisms. These include the Shrauta Sutras for major public rituals and the Grihya Sutras for domestic ceremonies. This discipline provided the practical framework for the religious and social life of the Vedic people.

71. (B) Vedic Sanskrit
The language of the Vedas is an ancient form of Indo-Aryan known as Vedic Sanskrit. It is older and more complex than the classical Sanskrit codified by Panini. Vedic Sanskrit is characterized by specific archaic grammatical forms, a unique system of accents, and a vocabulary that reflects the semi-nomadic and ritualistic culture of the early Indo-Aryan tribes who settled in North India.

72. (C) Brahmanas
The Brahmanas are prose texts that form the ritualistic section of the Vedas, often referred to as the Karma-Kanda. They focus on the practical details and symbolic meanings of sacrifices, providing instructions for priests to ensure that rituals were conducted correctly. These texts were essential during the Later Vedic period when religious ceremonies became increasingly complex and required expert theological guidance.

73. (D) Aranyakas
Aranyakas serve as a bridge between the ritual-heavy Brahmanas and the philosophical Upanishads. They appear toward the end of the Brahmanas and represent a shift in focus from external sacrificial acts to more symbolic and meditative practices. By interpreting the rituals in a mystical way, the Aranyakas paved the way for the abstract spiritual inquiries that define the Upanishadic and Vedantic traditions.

74. (A) They reject the existence of an individual soul.
The philosophy of the Upanishads is centered on the exploration of reality and the nature of the self. Rather than rejecting the soul, these texts explore the individual soul, or Atman, in great detail and its relationship with the universal Brahman. They introduce the concepts of liberation and the cycle of rebirth, emphasizing the importance of spiritual knowledge for attaining freedom.

75. (A) P-1, Q-2, R-3, S-4
Traditional Indian literature is associated with specific sages and their contributions. Valmiki is the author of the Ramayana, while Vyasa is credited with the Mahabharata. Panini is the author of the foundational grammar text Ashtadhyayi, and Yaska is known for the Nirukta,

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providing systematic knowledge of phonetics, grammar, ritual, and astronomy, these disciplines ensured that the ancient texts remained accurate and understandable. They acted as a linguistic and scientific foundation for the continued transmission of Vedic knowledge across many successive generations.

95. (D) Yaska
The work Nirukta is a foundational text in the field of etymology and is traditionally attributed to the ancient sage Yaska. It provides the systematic rules for explaining the origins and meanings of difficult words used in the Vedic hymns. Yaska's work is essential for anyone seeking to understand the often-obscure linguistic layers of the Vedas, making it a critical component of Indian scholarship.

96. (C) A popular Purana focusing on Krishna-Bhakti
The Bhagavata Purana is a widely popular text that centers on the path of Bhakti, or devotion, particularly toward the god Krishna. It provides a detailed account of Krishna's life and incarnations, illustrating the transformative power of divine love. This Purana has had a profound impact on Indian spirituality, inspiring many of the devotional movements and artistic traditions that define the medieval and modern periods.

97. (B) The Goddess of Dawn
In the Rigveda, Ushas is the beautiful and radiant goddess of the dawn who appears every morning to drive away the darkness. Numerous hymns are dedicated to her, praising her for bringing light, life, and energy to the world. She is depicted as a young woman riding a chariot, symbolizing the daily renewal of nature and the awakening of all living beings to activity.

98. (D) Vyakarana
The transition from the ancient, archaic language of the Vedas to the more standardized and refined classical Sanskrit is most clearly documented in the field of Vyakarana, or grammar. Works such as Panini's Ashtadhyayi established the linguistic rules that defined classical Sanskrit, allowing for the creation of great literary and scientific works. This Vedanga bridge helped preserve the Vedic past while shaping the future of Indian literature.

99. (C) Both statements are correct.
The Vedic period is considered the foundation of Indian social and religious life, as it established the core concepts and traditions that have lasted for millennia. During this era, Indian thought underwent a significant evolution from the personification of nature and polytheistic worship in the early hymns to the monistic and unified philosophical visions of the Upanishads. This development shaped the future of Indian philosophy.

100. (C) It recorded early medical, linguistic, and philosophy
Vedic literature has made an immense contribution to civilization by providing some of the world's earliest systematic records of medicine, linguistics, and philosophy. Through the Atharvaveda, the Vedangas, and the Upanishads, these texts explored everything from healing practices and the science of language to the nature of reality. They created an intellectual legacy that has deeply influenced the development of knowledge in India and beyond.

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the philosophy-oriented Upanishads. They were specifically intended to be studied in the seclusion of the forest by those who had moved away from active social and domestic life. By focusing on the internal meaning of sacrifices, they prepared the practitioner for the deep spiritual meditation found in the later Upanishadic teachings.

86. (D) The end (culmination) of the Vedas
The term Vedanta literally means the end or conclusion of the Vedas. This title refers both to the fact that the Upanishads appear at the very end of the Vedic literary corpus and that they represent the culmination of Vedic wisdom. As the final development of the Vedic tradition, Vedanta focuses on the highest philosophical truths regarding the self, reality, and the path to liberation.

87. (B) Rta
Rta is a fundamental concept in the Rigveda that refers to the cosmic order that governs the universe. It encompasses the regular movement of the celestial bodies, the succession of the seasons, and the moral laws that humans must follow. The gods, particularly Varuna, are considered the guardians of Rta, ensuring that the entire cosmos remains in harmony and functions according to eternal principles.

88. (C) Upanishads
The concept of Samsara, or the continuous cycle of birth, death, and rebirth, is most clearly developed in the Upanishads. These texts explore how an individual's actions and knowledge determine their future existences. By introducing this idea, the Upanishads provide a framework for understanding human suffering and the ultimate goal of achieving liberation, or Moksha, which is freedom from the cycle of rebirth.

89. (D) It refers to fixed duties and social obligations
In the Vedic context, Dharma refers to the specific duties and moral obligations that individuals must fulfill based on their age, gender, and social position. It is the ethical framework that maintains both social stability and cosmic order. Following one's dharma is considered essential for achieving harmony in this life and progress in the spiritual journey, shaping the entire social fabric of ancient India.

90. (A) Genealogies of kings (Vamshanucharita)
The Puranas are defined by five main subjects, known as Pancha-lakshana. One of these essential characteristics is Vamshanucharita, which refers to the detailed genealogies of kings and sages. By recording these lineages, the Puranas provided a traditional history of the ancient Indian dynasties, connecting the deeds of mythological figures with the historical rulers who governed various parts of the Indian subcontinent.

91. (B) Ramayana — Focuses on the Kuru-Pandava war
The two great epics of India, the Ramayana and the Mahabharata, have distinct focuses. The Ramayana narrates the life and journey of Rama, while it is the Mahabharata that focuses on the great war between the Kuru cousins, the Pandavas and the Kauravas. Although both epics are central to Indian culture, they depict different historical and mythological events that define the traditional concept of Itihasa.

92. (B) Predominance of nomadic cattle rearing over farming
The economy of the Later Vedic period was marked by a transition away from the semi-nomadic cattle rearing of the early period toward a sedentary agricultural lifestyle. This change was supported by the cultivation of diverse crops and the clearing of land for permanent settlements. While cattle remained important, they were no longer the sole focus of economic activity as farming became the primary occupation of the people.

93. (A) It was a patriarchal society.
Vedic society was fundamentally patriarchal, with the family unit, or Kula, being headed by the eldest male member, known as the Grihapati. Descent and inheritance were traced through the male line, and men held the primary roles in political and religious life. While women in the early period enjoyed certain social and religious rights, the overall structure of the society remained centered on male authority.

94. (C) To provide tools to understand and preserve the Vedas
The primary purpose of the six Vedangas is to serve as auxiliary sciences that facilitate the correct study and preservation of the Vedas. By

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the earliest work on etymology. These authors and their works established the intellectual and literary standards of ancient India.

76. (B) Krishna and Arjuna
The Bhagavad Gita is a central text of Indian philosophy consisting of a dialogue between the deity Krishna and the warrior Arjuna. It takes place on the battlefield of Kurukshetra, where Arjuna is faced with a moral crisis. Krishna's guidance addresses the nature of duty, the paths to spiritual realization, and the importance of acting without attachment to the results of one's deeds.

77. (A) Matsya Purana
The Matsya Purana is traditionally considered the oldest of the eighteen major Puranas. It is named after the Matsya or fish avatar of Vishnu, who saved humanity and the Vedas during a great flood. The text contains important information on mythology, social laws, and temple architecture, and it serves as a primary source for the early history and traditions of ancient India.

78. (C) Varuna — God of the Earthly soil
In the Early Vedic religion, deities were associated with various aspects of the cosmos. Indra was the god of thunder and rain, Agni was the god of fire, and Soma was the god of the sacred plant. However, Varuna was not a god of the soil; instead, he was the guardian of the cosmic order, known as Rta, and the god of the sky and oceans.

79. (D) Abstract philosophical thought
The development of Vedic literature shows a clear progression from simple nature worship and hymns of praise in the Rigveda toward highly abstract philosophical thought in the Upanishads. As the tradition evolved, the focus moved away from the literal performance of rituals and toward a deeper inquiry into the nature of existence, the self, and the ultimate reality that underlies the universe.

80. (C) The Upanishads were composed before the Rigveda Samhita.
The chronology of Vedic literature is well-established, with the Rigveda Samhita being the earliest and most foundational text. This was followed by the other Samhitas, then the Brahmanas and Aranyakas. The Upanishads were composed much later, representing the final stage of Vedic thought. Any claim that the Upanishads preceded the Rigveda is historically and chronologically incorrect according to both tradition and modern scholarship.

81. (B) To sit down near (a teacher)
Etymologically, the word Upanishad is derived from the Sanskrit roots upa (near), ni (down), and shad (to sit). It literally means to sit down near a teacher to receive secret or confidential knowledge. This term reflects the traditional way in which these philosophical teachings were transmitted from a master to a student in a close, personal setting, often in the seclusion of nature.

82. (D) Samaveda — Udgatri
In the Vedic ritual system, specialized priests were assigned to each of the Vedas. The Udgatri is the priest specifically responsible for chanting the melodies of the Samaveda during a sacrifice. In contrast, the Hotri is associated with the Rigveda, and the Adhvaryu is associated with the Yajurveda. This division of labor ensured that all aspects of the ceremony were performed with precision.

83. (A) Yajurveda
The Yajurveda is primarily a collection of prose formulas and mantras meant to be recited by the Adhvaryu priest during the performance of a sacrifice. Unlike the Rigveda, which is almost entirely poetic, the Yajurveda focuses on the practical application of sacred words in a ritual context. It serves as a comprehensive liturgical manual for conducting various types of Vedic ceremonies and offerings.

84. (C) It focused on folk beliefs and mundane daily matters
The Atharvaveda was long viewed as distinct from the other three Vedas because it dealt with the practical concerns of daily life, such as health, protection from enemies, and household prosperity. Its focus on charms and folk traditions made it appear more mundane compared to the formal liturgical and sacrificial orientation of the Trayi or the triple Veda of the priestly class.

85. (C) Both statements are correct.
Aranyakas are transitional texts that bridge the gap between the ritual-focused Brahmanas and

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CHAPTER 15

Mauryan and Kushana Art and Architecture

1. Which of the following time periods correctly marks the chronology of the Mauryan Empire?
(A) 500 - 200 BCE
(B) 322 - 185 BCE
(C) 273 - 232 BCE
(D) 185 - 73 BCE

2. The Mauryan polished stone technique is most prominently characterized by which feature?
(A) Coarse or rough texture for grip
(B) Dull and matte-style appearance
(C) Lustrous, mirror-like finish
(D) Use of thick stucco coating

3. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Ashoka chose stone as the primary medium for his pillars and edicts.
Reason (R): Ashoka wanted his messages of Dhamma to be permanent and endure through time.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

4. Which of the following is a distinctive feature of the Mauryan Pataliputra palace as described by Megasthenes?
(A) Exclusively made of red sandstone
(B) Multi-storeyed marble structures
(C) Absence of any defensive fortification
(D) Predominant use of wood in construction

5. Which of the following is NOT a part of an Ashokan pillar?
(A) Shaft
(B) Vimana
(C) Capital
(D) Abacus

6. Match the Mauryan Artifacts in List I with their Specific Examples in List II and select the correct option.
List I: (Mauryan Artifacts)
P. Pillar Capital
Q. Sculpture
R. Cave
S. Palace Site
List II: (Specific Examples)
1. Didarganj
2. Sarnath
3. Kumrahar
4. Barabar
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

7. What is the symbolic meaning of the "Wheel" (Dharmachakra) in the Sarnath Lion Capital?
(A) The physical power of the Emperor
(B) The architectural plan of the Stupa
(C) The administrative divisions of Mauryas
(D) The First Sermon of the Buddha

8. Which pair is correctly matched regarding Mauryan sculptures?
(A) Didarganj - Yakshini
(B) Parkham - Buddha
(C) Sanchi - Shiva
(D) Bharhut - Vishnu

9. Consider the following statements regarding Ashokan Rock Edicts:
1. They were inscribed only in the Greek language.
2. They were placed on public highways and

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29. Consider the following characteristics of the Gandhara Buddha:
1. Curly hair and wavy tresses.
2. Transparent drapery in Hellenistic style.
3. Seated in a lotus position with a halo.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

30. The 'Vimana' is a characteristic feature of which style of temple architecture?
(A) Nagara Style
(B) Vesara Style
(C) Dravidian Style
(D) Greco-Buddhist Style

31. Which of the following best defines the term 'Garbhagriha'?
(A) The monumental gateway of a large temple
(B) The room where the primary deity is housed
(C) The ornate hall designated for temple dancers
(D) The ritualistic path for circumambulation

32. The Lomas Rishi cave is famous for which architectural feature?
(A) A polished white marble facade
(B) A tall curvilinear Shikhara spire
(C) Narrative relief paintings on the walls
(D) Ornamental archway mimicking wood structure

33. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Amaravati school of art is known for its "crowded" compositions.
Reason (R): The artists focused on depicting Jataka stories with multiple human figures in action.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

34. Which of the following was the primary material for Mathura school sculptures?
(A) Blue Schist
(B) White Marble
(C) Red Sandstone
(D) Bronze

35. The transition from rock-cut caves to structural temples began prominently during which period?
(A) Gupta
(B) Mauryan
(C) Kushana
(D) Shunga

36. Match the Temple Style in List I with its Description in List II and select the correct option.
List I: (Temple Style)
P. Nagara
Q. Dravidian
R. Vesara
S. Panchayatana
List II: (Description)
1. Combination of North and South styles
2. North Indian style with curvilinear spire
3. South Indian style with stepped pyramid
4. Main shrine surrounded by four others
(A) P-2, Q-3, R-1, S-4
(B) P-3, Q-2, R-4, S-1
(C) P-1, Q-4, R-3, S-2
(D) P-4, Q-1, R-2, S-3

37. What is a 'Mandapa' in Indian temple architecture?
(A) The highest point of the temple
(B) A pillared outdoor hall for public rituals
(C) The boundary wall of the temple
(D) The base platform of the temple

38. Which of the following is NOT true regarding the Ajanta Caves?
(A) They are dedicated exclusively to Buddhist traditions
(B) They contain both Chaityas and Viharas.
(C) They were built during the Mauryan and Gupta periods.
(D) They are carved into the basalt of the Sahyadri ranges

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Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

20. What is the defining feature of the Gandhara School of art?
(A) Indigenous development of red sandstone sculpture
(B) Use of white limestone for intricate relief carvings
(C) Focus on Brahmanical deities like Vishnu and Shiva
(D) Fusion of Greco-Roman styles with Buddhist themes

21. Read the following statements and select the correct option.
Statement I: The Kushana period saw the first anthropomorphic representations of the Buddha.
Statement II: The Mathura school produced images of various deities including the Buddha, Mahavira, and Hindu gods.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

22. Kanishka was a major patron of which of the following artistic traditions?
(A) Mauryan School
(B) Dravidian School
(C) Gandhara and Mathura Schools
(D) Vesara School

23. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Mathura School of art is considered entirely indigenous in its style.
Reason (R): It primarily used the locally available spotted red sandstone.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

24. Which of the following is an INCORRECT pair regarding temple architecture?
(A) Vesara - Eastern India
(B) Nagara - North India
(C) Dravidian - South India
(D) Garbhagriha - Sanctum Sanctorum

25. The term 'Shikhara' in Nagara temple architecture refers to:
(A) The decorative entrance porch
(B) The mountain-like spire over the sanctum
(C) The massive pillared assembly hall
(D) The sacred water tank within the temple

26. Match the School of Art in List I with its primary Region in List II and select the correct option.
List I: (School of Art)
P. Gandhara
Q. Mathura
R. Amaravati
S. Mauryan
List II: (Region)
1. Krishna-Guntur region
2. North-West Frontier
3. Magadha region
4. Uttar Pradesh region
(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

27. Which of the following caves contains monuments belonging to the Buddhist, Hindu, and Jain faiths?
(A) Ellora
(B) Ajanta
(C) Barabar
(D) Lomas Rishi

28. In the 'Panchayatana' style of temple architecture, how many subsidiary shrines are present?
(A) Two
(B) Three
(C) Four
(D) Five

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49. Consider the following statements regarding the Gandhara School of Art:
1. It is also known as the Greco-Buddhist school.
2. Buddha is often depicted with a mustache and wavy hair.
3. It was centered in the Krishna river valley.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

50. Which school of art is characterized by the 'Vyakhyana Mudra' or teaching gesture in its early sculptures?
(A) Gandhara
(B) Amaravati
(C) Mathura
(D) Nagara

51. What is the chronological period assigned to the Kushana Empire's peak?
(A) 6th Century BCE
(B) 3rd Century BCE
(C) 1st to 3rd Century CE
(D) 4th to 6th Century CE

52. Arrange the following artistic traditions in chronological order from earliest to latest:
1. Mauryan Art
2. Gupta Temple Architecture
3. Kushana Art

(A) 1-2-3
(B) 1-3-2
(C) 3-1-2
(D) 2-1-3

53. Which of the following was a major theme in the relief sculptures of the Amaravati Stupa?
(A) Formal Vedic ritualistic sacrifices
(B) Life scenes of Buddha and Jataka stories
(C) Major battles of the Mauryan royal army
(D) Official portraits of foreign Roman Emperors

54. The 'Abacus' in an Ashokan pillar is located:
(A) Positioned immediately below the pillar shaft
(B) Located at the very base of the entire pillar
(C) Between the bell capital and animal figure
(D) Placed inside the interior of the Stupa

55. Which statement correctly describes the 'Vesara' style?
(A) It is found exclusively in North India.
(B) It does not have a Shikhara.
(C) It is only used for Jain temples.
(D) It is a hybrid of Nagara and Dravidian styles.

56. The 'Yaksha' and 'Yakshini' figures of the Mauryan period represent:
(A) Folk deities and spirits
(B) Royal family members
(C) Buddhist monks
(D) Foreign ambassadors

57. Which of the following is a key feature of the Mathura Buddha?
(A) Wavy hair and muscular body
(B) Shaved head and energetic, smiling face
(C) Characteristic wearing of a heavy Greek toga
(D) Construction made specifically of blue schist stone

58. The 'Chaitya' in Buddhist cave architecture primarily serves as a:
(A) Dining hall
(B) Prayer hall
(C) Living quarter
(D) Library

59. Which site is most associated with the early evolution of the Dravidian style of architecture?
(A) Mahabalipuram
(B) Sanchi
(C) Mathura
(D) Taxila

60. The polished surface of Mauryan pillars is often mistaken for which material?
(A) Wood
(B) Glass
(C) Metal
(D) Terracotta

61. In the context of temple architecture, the 'Amalaka' is found in:
(A) Dravidian Vimana
(B) Vesara Mandapa
(C) Mauryan Pillars

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39. Consider the following statements about Kushana art:
1. It flourished under the patronage of King Kanishka.
2. It saw the simultaneous growth of Gandhara and Mathura schools.
3. It rejected the use of stone in favor of terracotta.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

40. The 'Torana' in a Stupa is usually placed at:
(A) The four cardinal directions
(B) The top of the Harmika
(C) The center of the Medhi
(D) The interior of the Garbhagriha

41. Which feature is unique to the Mathura school when compared to Gandhara?
(A) The first stylized portrayal of the Buddha's image
(B) Depiction of Buddhist, Hindu, and Jain deities
(C) Traditional use of blue schist for all sculpting
(D) Artistic influence of classical Roman drapery

42. What does the term 'Stupa' literally mean in its origin?
(A) Palace
(B) Mound
(C) Pillar
(D) Cave

43. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Ashokan Lion Capital at Sarnath is an example of high aesthetic achievement.
Reason (R): It features four lions standing back to back on an abacus.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

44. Which of the following is a primary difference between a Nagara Shikhara and a Dravidian Vimana?
(A) Shikhara is circular while Vimana is square.
(B) Shikhara is only found in caves while Vimana is structural.
(C) Shikhara is curvilinear while Vimana is a stepped pyramid.
(D) Shikhara has no crowning element while Vimana has a Kalasha.

45. The 'Pradakshina Patha' in a Stupa is used for:
(A) Ritualistic bathing
(B) Storing relics
(C) Housing monks
(D) Circumambulation

46. Match the Location in List I with its Significance in List II and select the correct option.
List I: (Location)
P. Sarnath
Q. Sanchi
R. Bharhut
S. Amaravati
List II: (Significance)
1. Major Stupa with four Toranas
2. First Sermon of Buddha/Lion Capital
3. White marble medallions
4. Early stone railings and Jataka reliefs
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

47. What represents the 'Triple Jewel' of Buddhism in the structure of the Sanchi Stupa?
(A) The three Toranas
(B) The three umbrellas of the Chattra
(C) The three layers of the Anda
(D) The three entrance stairs

48. Which ruler is credited with commissioning the construction of the Barabar caves?
(A) Chandragupta Maurya
(B) Bimbisara
(C) Kanishka
(D) Ashoka

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trade routes.
3. They contained principles of Dhamma for the welfare of the people.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

10. In the context of Buddhist architecture, what does the term 'Anda' represent?
(A) The square railing atop the dome
(B) The hemispherical dome of the Stupa
(C) The triple umbrella on top
(D) The gateway of the complex

11. What material was primarily used for the construction of Ashokan pillars?
(A) Chunar sandstone
(B) White marble
(C) Red clay bricks
(D) Granite blocks

12. The National Emblem of India is adopted from which Ashokan capital?
(A) Rampurva Bull Capital
(B) Lauriya Nandangarh
(C) Sarnath Lion Capital
(D) Sankissa Elephant Capital

13. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Barabar Caves are the earliest examples of rock-cut architecture in India.
Reason (R): These caves were specifically dedicated to the Ajivika sect by Ashoka.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

14. Which of the following statements about the Didarganj Yakshini is INCORRECT?
(A) It is made of Chunar sandstone.
(B) It holds a fly-whisk (chauri).
(C) It belongs to the Kushana school of art.
(D) It exhibits the characteristic Mauryan polish.

15. What is the function of the 'Harmika' in a Stupa?
(A) A walkway for circumambulation
(B) A square railing enclosing the top of the mound
(C) An entrance gate with relief carvings
(D) The central pillar supporting the mound

16. Match the Stupa Component in List I with its Description in List II and select the correct option.
List I: (Stupa Component)
P. Torana
Q. Vedika
R. Medhi
S. Chattra
List II: (Description)
1. Railing around the Stupa
2. Gateway
3. Umbrella-like structure
4. Circular terrace
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

17. Which school of art is associated with the use of white marble or limestone and focuses on narrative relief?
(A) Amaravati School
(B) Gandhara School
(C) Mathura School
(D) Nagara School

18. Which site is known for its stupa with elaborately carved stone railings and relief panels depicting Jataka stories?
(A) Pataliputra
(B) Bamiyan
(C) Bharhut
(D) Aihole

19. Consider the following statements about the Sanchi Stupa:
1. It was originally built with bricks during Ashoka's reign.
2. The stone gateways (Toranas) were added later.
3. The Toranas depict scenes from the life of Buddha.

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(D) Nagara Shikhara

62. Arrange the following in the sequence of their parts from bottom to top in a Stupa:
1. Medhi
2. Anda
3. Harmika
4. Chattra

(A) 1-2-3-4
(B) 4-3-2-1
(C) 2-1-4-3
(D) 1-3-2-4

63. Which of the following is an exception to the Ashokan pillars usually being monolithic?
(A) The Sarnath Pillar capital
(B) All known Ashokan pillars are monolithic
(C) The Allahabad Pillar inscription
(D) The Sanchi Pillar fragments

64. The Gandhara school of art was primarily located in which modern-day region?
(A) South India
(B) Sri Lanka
(C) Myanmar
(D) Pakistan and Afghanistan

65. Read the following statements and select the correct option.
Statement I: The Sanchi Stupa contains the relics of the Buddha.
Statement II: The Toranas of Sanchi were built by Ashoka himself.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

66. What is the symbolic animal missing from the Sarnath Lion Capital's abacus among the four running animals?
(A) Elephant
(B) Horse
(C) Tiger
(D) Bull

67. Which of the following is a feature of the Mauryan pillar capitals?
(A) Lotus or Bell-shaped base
(B) Human portraits
(C) Corinthian columns
(D) Pyramidal towers

68. The Mathura school of art produced images of which religions?
(A) Only Buddhism
(B) Buddhism and Hinduism only
(C) Only Jainism
(D) Buddhism, Hinduism, and Jainism

69. Which term describes the decorative arch in cave entrances during the Mauryan or post-Mauryan period?
(A) Gopuram
(B) Chaitya-arch
(C) Shikhara
(D) Vimana

70. Which of the following best describes the relief carvings of the Bharhut Stupa?
(A) High relief carvings with deep aesthetic undercuts
(B) Life-size three-dimensional statues
(C) Low relief with flat, two-dimensional quality
(D) Stylized and abstract geometric architectural patterns

71. The 'Vihara' in Buddhist architecture was used for:
(A) Religious debates
(B) Storage of grain
(C) Weaponry storage
(D) Residence of monks

72. Which of the following characterizes the Amaravati School?
(A) Narrative art using white limestone
(B) Extensive use of local red sandstone
(C) Heavy stylistic Greek artistic influence
(D) Erection of large monolithic stone pillars

73. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Kushana period is considered

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a golden age for Buddhist art.
Reason (R): Kanishka convened the Fourth Buddhist Council and promoted the Gandhara school.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

74. The 'Antarala' in temple architecture is the:
(A) The outer stone boundary of the complex
(B) Vestibule connecting the sanctum and hall
(C) The sacred water tank for ritual cleansing
(D) The ceremonial flagpole at the entrance

75. Which pillar capital features a single lion?
(A) Lauriya Nandangarh
(B) Sarnath
(C) Sanchi
(D) Amaravati

76. What was the main source of inspiration for the Gandhara school's drapery?
(A) Persian robes
(B) Chinese silk
(C) Roman Togas
(D) Local cotton dhotis

77. Which of the following is a fact regarding the construction of Ashokan pillars?
(A) They were built as parts of temple complexes
(B) They were rarely used for inscribing edicts
(C) They were left with a rough, unpolished finish
(D) They were constructed as monolithic structures

78. The 'Gopuram' is a characteristic feature of which style?
(A) Nagara
(B) Vesara
(C) Dravidian
(D) Mauryan

79. Read the following statements and select the correct option.
Statement I: The earliest structural temples were built during the Gupta period.
Statement II: The Dashavatara temple at Deogarh is a Nagara style temple.
(A) Both Statement I and Statement II are correct
(B) Both Statement I and Statement II are incorrect
(C) Statement I is correct but Statement II is incorrect
(D) Statement I is incorrect but Statement II is correct

80. Which of the following describes the 'Halo' in the Mathura school of art?
(A) Stylistically simple and plain
(B) Entirely absent from the figure
(C) Constructed primarily of wood
(D) Elaborately decorated with patterns

81. The Pataliputra palace ruins were found at which specific site?
(A) Didarganj
(B) Kumrahar
(C) Bulandibagh
(D) Kumrahar and Bulandibagh

82. Which component of the Stupa represents the transition from the earthly to the spiritual realm?
(A) Medhi
(B) Harmika
(C) Torana
(D) Vedika

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83. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Mauryan art had both court art and popular art traditions.
Reason (R): Pillars and capitals were court art, while Yaksha figures were popular art.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

84. The 'Dharmachakra Pravartana' mudra is most famously associated with the Buddha from:
(A) Mathura
(B) Gandhara

(C) Amaravati
(D) Sarnath

85. Which of the following is the most appropriate description of the Besnagar Yaksha?
(A) A decorative courtly attendant figure
(B) A massive, free-standing stone sculpture
(C) A narrative relief found on a stone pillar
(D) A small-scale terracotta children's toy

86. Match the Architectural Term in List I with its Definition in List II and select the correct option.
List I: (Term)
P. Jagati
Q. Kalasha
R. Shikhara
S. Amalaka
List II: (Definition)
1. Spire of the temple
2. Stone disc at the top of Shikhara
3. Raised platform
4. Pot-like finial
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

87. Which school of art is known for its "Physiognomic" accuracy and realistic muscles?
(A) Mathura
(B) Amaravati
(C) Bharhut
(D) Gandhara

88. The 'Ayaaka' pillars are a unique feature found in:
(A) Amaravati Stupa
(B) Sanchi Stupa
(C) Bharhut Stupa
(D) Barabar Caves

89. Consider the following regarding the Sanchi Toranas:
1. They are four in number.
2. They are placed at cardinal points.
3. They are made of wood.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

90. Which of the following is the oldest cave among the Ajanta group?
(A) Cave 1
(B) Cave 9
(C) Cave 16
(D) Cave 26

91. The 'Lion' in Mauryan art symbolized:
(A) Power and the Buddha
(B) Agricultural fertility
(C) Domestic peace
(D) Tribal totems

92. What was the purpose of the 'Rock Edicts' of Ashoka?
(A) To record land grants
(B) To list the tax rates
(C) To spread the message of Dhamma
(D) To announce military victories

93. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Nagara style of architecture is prominent in North India.
Reason (R): It is characterized by its lack of boundary walls and entrance gateways.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

94. Which of the following is a common point of comparison between the Gandhara and Mathura schools?
(A) Stylized use of the divine halo
(B) Type of stone material used
(C) First representation of Buddha
(D) Direct patronage by King Kanishka

95. The 'Ushnisha' or cranial protuberance on Buddha's head became a standard feature in:
(A) Mauryan Art
(B) Kushana Art
(C) Indus Valley Art
(D) Vedic Art

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46. (A) P-2, Q-1, R-4, S-3
Different Buddhist sites hold unique artistic and historical significance. Sarnath is famous for the First Sermon and the Lion Capital. Sanchi is renowned for its Great Stupa and its four intact, carved Toranas. Bharhut is significant for its early stone railings and low-relief Jataka stories. Amaravati is distinguished by its use of white marble and sophisticated narrative medallions from the later Satavahana period.

47. (B) The three umbrellas of the Chattra
The Chattra, or the umbrella structure atop the Stupa, usually consists of three tiers. These represent the "Triple Jewel" or Triratna of Buddhism: the Buddha (the teacher), the Dharma (the teachings), and the Sangha (the monastic community). This symbolic feature sits upon the Yashti, rising from the Harmika, and signifies the royal and spiritual authority of the Buddhist faith.

48. (D) Ashoka
The Barabar caves, located in Bihar, were commissioned by Emperor Ashoka during the 3rd century BCE. Inscriptions found within the caves confirm that they were dedicated to the monks of the Ajivika sect. This act of patronage highlights the Mauryan state's support for diverse religious communities. These caves are among the earliest and most significant examples of rock-cut architecture in India.

49. (A) 1 and 2 only
The Gandhara School is often called the Greco-Buddhist school because it fused Indian Buddhist themes with classical Greek and Roman artistic styles. This is evident in the realistic depiction of the Buddha, featuring wavy hair and a mustache. However, the school was located in the northwest frontier, not the Krishna river valley, which was the home of the Amaravati school in South India.

50. (C) Mathura
The Mathura school of art is credited with developing several iconic mudras, or hand gestures, in early Buddhist sculpture. The Vyakhyana Mudra, which signifies the gesture of teaching or explanation, is frequently seen in Mathura Buddha images. This school's indigenous approach to iconography helped establish the standard visual language for portraying the Buddha's various roles and spiritual states in Indian art.

51. (C) 1st to 3rd Century CE
The Kushana Empire reached its zenith between the 1st and 3rd centuries CE, particularly under the reign of King Kanishka. This era was marked by significant economic prosperity through trade on the Silk Road and a flourishing of cultural and artistic activities. The period saw the rise of the Mahayana tradition and the simultaneous development of major art schools in Gandhara and Mathura.

52. (B) 1-3-2
The evolution of Indian art follows a clear chronological sequence starting with the Mauryan period in the 3rd century BCE, known for monolithic pillars. This was followed by the Kushana period in the 1st-3rd centuries CE, which popularized anthropomorphic Buddha images. Finally, the Gupta period from the 4th-6th centuries CE saw the development of early structural temples and refined classical sculpture.

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53. (B) Life scenes of Buddha and Jataka stories
The relief sculptures of the Amaravati Stupa are primarily focused on narrative depictions of the life of Gautama Buddha and his previous incarnations, known as Jataka stories. These carvings are famous for their dynamic compositions and detailed portrayals of contemporary life, including festivals, royal processions, and everyday scenes. This focus on storytelling through art reflects the widespread popularity of Buddhism in the Deccan region.

54. (C) Between the bell capital and animal figure
In the anatomy of an Ashokan pillar, the abacus is the flat, circular or rectangular slab situated directly above the bell-shaped or lotus capital. It serves as the base for the crowning animal figure. The abacus itself is often decorated with relief carvings of animals or floral patterns, such as the Dharmachakra and the four animals seen on the Sarnath Lion Capital.

55. (D) It is a hybrid of Nagara and Dravidian styles.
The Vesara style is a unique architectural tradition that emerged in the Deccan region of India. It is characterized as a hybrid or "mixed" style, combining elements from the North Indian

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1. (B) 322 - 185 BCE
The Mauryan Empire, founded by Chandragupta Maurya, spanned from approximately 322 BCE to 185 BCE. This era witnessed the unification of most of the Indian subcontinent. Major rulers included Bindusara and Ashoka the Great. The empire declined following the assassination of Brihadratha, marking the transition to the Shunga dynasty in ancient Indian history.

2. (C) Lustrous, mirror-like finish
Mauryan architecture and sculpture are renowned for a distinct surface treatment often called Mauryan polish. This technique involved meticulously polishing sandstone to achieve a highly lustrous, mirror-like finish. It remains a hallmark of Ashokan pillars and court art. The precision required for such a smooth surface suggests advanced technical knowledge during this historical period.

3. (A) Both A and R are true and R is the correct explanation of A.
Ashoka utilized stone as a durable medium for his inscriptions to ensure his messages survived for future generations. By placing edicts on monolithic pillars and rock surfaces across his empire, he established a permanent record of his administrative policies and moral codes. This deliberate choice facilitated the widespread dissemination of Dhamma principles throughout ancient India.

4. (D) Predominant use of wood in construction
Megasthenes, the Greek ambassador to the Mauryan court, provided detailed descriptions of the royal palace at Pataliputra. Excavations at sites like Kumrahar reveal that the structure relied heavily on timber for its grand halls and fortifications. Wood was the primary building material, complemented by intricate carvings and stone pillars, reflecting the architectural preferences of the early Mauryan period.

5. (B) Vimana
Ashokan pillars consist of specific components including a monolithic shaft, a bell-shaped capital, an abacus, and a crowning animal figure. The term Vimana refers to the pyramidal tower found in South Indian temple architecture, which developed centuries later. Therefore, while shafts and capitals are essential features of Mauryan pillars, the Vimana is entirely unrelated to these structures.

6. (A) P-2, Q-1, R-4, S-3
Mauryan art is categorized into court art and popular art. The Sarnath Lion Capital is a classic example of a pillar capital, while the Didarganj Yakshini represents sophisticated free-standing sculpture. The Barabar Caves showcase early rock-cut architecture dedicated to religious sects. Lastly, Kumrahar serves as the primary site for ruins of the majestic Mauryan royal palace.

7. (D) The First Sermon of the Buddha
The Dharmachakra or the Wheel of Law depicted on the Sarnath Lion Capital symbolizes the first sermon delivered by Gautama Buddha at Sarnath. This event is known as the Dharmachakra-Pravartana, signifying the turning of the wheel of dharma. It represents the spread of Buddhist teachings and the king's commitment to righteousness and social order within the Mauryan empire.

8. (A) Didarganj - Yakshini
The Yakshini found at Didarganj is a masterpiece of Mauryan sculpture, famous for its intricate detailing and high polish. Conversely, Parkham is associated with a Yaksha figure rather than a Buddha. Sanchi and Bharhut are primarily known for their Buddhist stupas and relief carvings. Identifying these specific cultural artifacts helps in understanding the distribution of early Indian art.

9. (B) 2 and 3 only
Ashokan Rock Edicts were strategically placed along major trade routes and public highways to maximize their visibility to travelers and citizens. These inscriptions were written in local scripts like Brahmi and Kharosthi to communicate the principles of Dhamma effectively. They focused

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28. (C) Four
The Panchayatana style is a specific arrangement in Indian temple architecture where the main shrine is built on a central rectangular plinth and is surrounded by four smaller subsidiary shrines at the corners. This five-temple layout is common in North Indian Nagara architecture. The configuration creates a visual hierarchy that emphasizes the importance of the primary deity housed in the center.

29. (D) 1, 2 and 3
Sculptures from the Gandhara school exhibit distinct Hellenistic features such as wavy hair, curly tresses, and a mustache. The drapery is often rendered as heavy and transparent, resembling a Roman toga. Furthermore, these figures are frequently shown seated in a meditative lotus position with a decorated halo, combining classical Western aesthetics with traditional Indian spiritual themes and iconographic requirements.

30. (C) Dravidian Style
The Vimana is a defining structural element of the Dravidian style of temple architecture, prevalent in South India. It refers to the multi-storeyed, stepped pyramidal tower that rises directly over the sanctum sanctorum. Unlike the curvilinear Shikhara of North India, the Vimana is strictly geometric and typically terminates in a large monolithic stone cap called the Shikhara in southern terminology.

31. (B) The room where the primary deity is housed
The Garbhagriha, literally meaning the womb-chamber, is the most sacred part of an Indian temple. It is a small, unadorned room where the primary image or idol of the deity is installed. Access to this area is usually restricted, and it serves as the focal point for all rituals and the spiritual culmination of the devotee's journey through the temple complex.

32. (D) Ornamental archway mimicking wood structure
The Lomas Rishi Cave, located in the Barabar Hills, is famous for its exquisitely carved entrance facade. This archway is a stone imitation of contemporary wooden architecture, featuring a meticulous reproduction of wooden beams and lattice work. It also includes a relief frieze of elephants worshiping stupas, marking a significant milestone in the evolution of rock-cut decorative elements in ancient India.

33. (A) Both A and R are true and R is the correct explanation of A.
The Amaravati school is celebrated for its dynamic and "crowded" compositions that emphasize movement and energy. This stylistic choice allowed artists to depict complex Jataka stories involving numerous human figures, animals, and architectural settings within a single relief panel. The use of white limestone provided a smooth surface for such intricate and detailed narrative storytelling, reflecting the sophisticated culture of the Satavahana period.

34. (C) Red Sandstone
The Mathura school of art primarily utilized locally available spotted red sandstone for its sculptures. This material gave the figures a warm, earthy tone and allowed for the development of a robust and lively style. While the Gandhara school used blue schist and the Amaravati school used white limestone, the choice of red sandstone remained a hallmark of Mathura's indigenous artistic tradition.

35. (A) Gupta
The Gupta period is often described as the golden age of Indian art, during which the transition from rock-cut architecture to free-standing structural temples began in earnest. While earlier periods saw cave shrines, the Guptas developed the foundations of the Nagara style. Early examples like the Dashavatara Temple at Deogarh demonstrate the use of stone masonry and the introduction of the Shikhara.

36. (A) P-2, Q-3, R-1, S-4
Indian temple styles are distinguished by their structural features. The Nagara style is known for its North Indian curvilinear spire. The Dravidian style features a stepped pyramidal tower in South India. The Vesara style represents a hybrid of these two traditions, while the Panchayatana style refers to a specific layout consisting of a main shrine surrounded by four smaller subsidiary shrines.

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19. (D) 1, 2 and 3
The Great Stupa at Sanchi was originally commissioned by Ashoka as a simple brick structure containing Buddha's relics. During subsequent centuries, specifically the Shunga and Satavahana periods, it was encased in stone and expanded. The four magnificent stone gateways, or Toranas, were added later and are famous for their detailed carvings depicting scenes from the life and past births of Buddha.

20. (D) Fusion of Greco-Roman styles with Buddhist themes
The Gandhara School of art developed in the northwestern frontier of the Indian subcontinent. It is uniquely characterized by the synthesis of Hellenistic and Roman stylistic elements with Buddhist subjects. This school often portrayed the Buddha with features typical of Greek gods, such as wavy hair and muscular anatomy, using materials like blue schist and stucco to create realistic sculptures.

21. (A) Both Statement I and Statement II are correct
During the Kushana period, significant developments occurred in Indian iconography, including the first anthropomorphic representations of the Buddha. Previously, the Buddha was represented only through symbols. Simultaneously, the Mathura school emerged as a prolific center of art, producing images not only for Buddhism but also for Jainism and Brahmanical Hinduism, reflecting the diverse religious landscape of the era.

22. (C) Gandhara and Mathura Schools
King Kanishka, the most prominent ruler of the Kushana Empire, was a great patron of art and religion. Under his reign, both the Gandhara and Mathura schools of art flourished simultaneously. While Gandhara reflected Greco-Roman influences, Mathura focused on indigenous traditions. This patronage facilitated the standardization of Buddhist iconography and the widespread creation of religious imagery across the Kushana territories.

23. (A) Both A and R are true and R is the correct explanation of A.
The Mathura school is recognized as an indigenous artistic tradition because it developed locally without significant foreign influence. It primarily utilized the characteristic spotted red sandstone found in the nearby Sikri quarries. The style emphasized robust human forms and smiling expressions, establishing a distinct aesthetic that differs significantly from the Hellenistic traits found in the contemporary Gandhara school.

24. (A) Vesara - Eastern India
Indian temple architecture is broadly categorized into three styles based on regional development. The Nagara style is associated with North India, while the Dravidian style is specific to South India. The Vesara style is a hybrid form that originated in the Deccan region under the Chalukyas and Rashtrakutas. Placing Vesara in Eastern India is incorrect as it belongs to central India.

25. (B) The mountain-like spire over the sanctum
In Nagara temple architecture, the Shikhara is the mountain-like spire that rises above the Garbhagriha, or the sanctum sanctorum. It is the most visible and defining feature of North Indian temples. Usually curvilinear in shape, the Shikhara is topped by an Amalaka and a Kalasha, symbolizing the spiritual ascent of the devotee and the residence of the primary deity.

26. (A) P-2, Q-4, R-1, S-3
Ancient Indian art schools are geographically distinct. The Gandhara school was located in the North-West Frontier, including modern Pakistan and Afghanistan. The Mathura school centered around Uttar Pradesh, while the Amaravati school developed in the Krishna-Guntur region of the south. The Mauryan tradition originated in the Magadha region, primarily serving the imperial courts of Pataliputra and surrounding areas.

27. (A) Ellora
The Ellora Caves in Maharashtra are a UNESCO World Heritage site featuring thirty-four rock-cut structures. Unlike Ajanta, which is purely Buddhist, Ellora contains monuments dedicated to Buddhism, Hinduism, and Jainism. This coexistence of religious sites reflects the spirit of religious harmony in ancient India. The caves were excavated between the 6th and 12th centuries under various ruling dynasties.

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on social welfare, non-violence, and ethical conduct, serving as public proclamations of the emperor's moral and administrative vision.

10. (B) The hemispherical dome of the Stupa
The term Anda refers to the massive hemispherical mound or dome that forms the core of a Buddhist Stupa. It symbolizes the universe and serves as a container for sacred relics. Architecturally, the Anda sits upon a circular base called the Medhi and is topped by a square railing known as the Harmika, supporting the triple umbrella structure.

11. (A) Chunar sandstone
Ashokan pillars were almost exclusively carved from fine-grained Chunar sandstone, quarried from the Mirzapur region of modern Uttar Pradesh. This specific stone allowed for the high level of detail and the characteristic lustrous polish seen in Mauryan art. The logistics of transporting these massive monolithic shafts across the subcontinent highlight the administrative efficiency and engineering capabilities of the empire.

12. (C) Sarnath Lion Capital
The National Emblem of India is an adaptation of the Sarnath Lion Capital, which was originally erected by Emperor Ashoka. It features four Asiatic lions standing back to back, symbolizing power, courage, and confidence. Below the lions, the abacus features the Dharmachakra and figures of a bull, horse, elephant, and lion, representing different stages of Buddha's life.

13. (A) Both A and R are true and R is the correct explanation of A.
The Barabar Caves represent the earliest documented examples of rock-cut architecture in India, dating back to the Mauryan period. Emperor Ashoka dedicated these caves to the Ajivika sect, demonstrating his policy of religious tolerance. The caves are famous for their interior polish and the sophisticated architectural features, such as the ornamental entrance of the Lomas Rishi Cave.

14. (C) It belongs to the Kushana school of art.
The Didarganj Yakshini is a quintessential example of Mauryan art, characterized by its use of Chunar sandstone and a distinctive lustrous polish. It depicts a female figure holding a chauri, or fly-whisk, and is celebrated for its realistic modelling. Attributing this sculpture to the Kushana school is historically inaccurate, as it predates that period and follows Mauryan aesthetic conventions.

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15. (B) A square railing enclosing the top of the mound
The Harmika is a square, balcony-like railing situated at the summit of the hemispherical dome of a Stupa. It serves as a symbolic enclosure for the sacred space and represents the residence of the gods. From the center of the Harmika rises a mast called the Yashti, which supports the royal umbrellas that signify the Triple Jewel of Buddhism.

16. (B) P-2, Q-1, R-4, S-3
A Stupa consists of several structural elements including the Torana, which is an elaborately carved gateway. The Vedika refers to the protective railing surrounding the structure, while the Medhi is the elevated circular terrace used for circumambulation. Finally, the Chattra is the umbrella-like finial placed at the top, symbolizing the high spiritual authority and the three jewels of Buddhism.

17. (A) Amaravati School
The Amaravati School of art flourished in the Krishna-Guntur region of Andhra Pradesh. It is primarily known for using white limestone, often referred to as marble, to create intricate relief carvings. This school focused on narrative art, depicting various Jataka stories with a sense of dynamism and crowded compositions, distinguishing it from the Gandhara and Mathura traditions of the north.

18. (C) Bharhut
Bharhut is an essential site for understanding early Indian Buddhist art, famous for its stupa's stone railings and gateways. These components are decorated with low-relief carvings that illustrate Jataka tales and events from the Buddha's life. The art style is characterized by a certain flatness and simplicity, reflecting the transition from wooden structures to permanent stone architectural traditions.

37. (B) A pillared outdoor hall for public rituals
A Mandapa is a pillared hall or porch that serves as an assembly area for worshippers in an Indian temple. It is situated between the temple entrance and the sanctum sanctorum. Large temples may have multiple Mandapas dedicated to various activities such as dance, music, or public rituals. These halls are often decorated with intricate carvings on their pillars and ceilings.

38. (C) They were built during the Mauryan and Gupta periods.
The Ajanta Caves were primarily constructed during two distinct phases: the early Satavahana period and the later Vakataka period. While the Gupta era coincided with the second phase, the Mauryan period did not contribute to these specific caves. Ajanta remains an exclusively Buddhist site featuring both prayer halls and residential quarters, carved into the basalt cliffs of the Sahyadri mountain ranges.

39. (A) 1 and 2 only
Under the patronage of Emperor Kanishka, the Kushana period witnessed the simultaneous development of the Gandhara and Mathura schools of art. These traditions significantly advanced Indian iconography, particularly through the creation of Buddha images. Contrary to rejecting stone, both schools relied heavily on it—Gandhara using blue schist and Mathura using red sandstone—to produce lasting monuments and religious sculptures throughout the empire.

40. (A) The four cardinal directions
In the architectural layout of a Stupa, the Toranas or gateways are strategically placed at the four cardinal directions—North, South, East, and West. These massive stone structures are heavily decorated with narrative reliefs and serve as ceremonial entrances for pilgrims. They mark the transition from the secular world to the sacred space of the Stupa, guiding devotees toward the circumambulation path.

41. (B) Depiction of Buddhist, Hindu, and Jain deities
A distinctive characteristic of the Mathura school, when compared to the Gandhara school, is its religious diversity. While Gandhara focused almost exclusively on Buddhist themes, Mathura produced a vast array of sculptures for Buddhism, Hinduism, and Jainism. This includes early images of the Buddha, various Yakshas, Jain Tirthankaras, and Brahmanical deities like Vishnu and Shiva, reflecting Mathura's role as a multi-religious center.

42. (B) Mound
The word Stupa is derived from Sanskrit and literally translates to "mound" or "heap." Originally, these were simple burial mounds used to house the cremated remains or relics of important figures. In Buddhism, the Stupa evolved into a sophisticated architectural symbol representing the enlightened mind of the Buddha and serving as a focal point for veneration and ritual circumambulation.

43. (B) Both A and R are true but R is not the correct explanation of A.
The Ashokan Lion Capital at Sarnath is widely regarded as a peak of Mauryan artistic achievement due to its precise carving and symbolic depth. The presence of four lions standing back to back is a specific descriptive detail of its structure. While both the assertion and reason are factually correct, the description of the lions does not fully explain why the piece is considered an aesthetic masterpiece.

44. (C) Shikhara is curvilinear while Vimana is a stepped pyramid.
The primary difference between North Indian and South Indian temple towers lies in their silhouette. The Shikhara of the Nagara style is characterized by a curvilinear, mountain-like shape that tapers toward the top. In contrast, the Vimana of the Dravidian style is a stepped pyramid, where each story is clearly defined and smaller than the one below, creating a distinct geometric profile.

45. (D) Circumambulation
The Pradakshina Patha is a dedicated walkway designed for the ritual of circumambulation, which involves walking around a sacred object in a clockwise direction. In a Stupa, this path is located on the Medhi or surrounded by the Vedika. This practice is a central part of Buddhist worship, symbolizing the devotee's alignment with the cosmic order and the teachings of the Buddha.

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96. Match the Sculpture in List I with its Style or Period in List II and select the correct option.
List I: (Sculpture)
P. Seated Buddha from Katra
Q. Standing Buddha from Bamiyan
R. Yakshini from Didarganj
S. Relief of Jataka from Bharhut
List II: (Style/Period)
1. Shunga/Early Andhra
2. Mathura Kushana
3. Gandhara Kushana
4. Mauryan
(A) P-2, Q-3, R-4, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-1, R-2, S-3
(D) P-3, Q-4, R-1, S-2

97. The concept of the 'Sanctum Sanctorum' in Indian temples is:
(A) Where the image of the deity is placed
(B) The large hall where the public gathers
(C) The top-most point of the temple
(D) The ceremonial monumental entrance gate

98. Which of the following sites is NOT a major location of Ashokan pillar edicts?
(A) Topra
(B) Meerut
(C) Ajanta
(D) Lauriya Araraj

99. Consider the following statements regarding Stupa structures:
1. The Sanchi Stupa has a stone railing.
2. The Bharhut Stupa has a brick railing.
3. The Amaravati Stupa has no railing.
Which of the statements given above is/are correct?
(A) 1 only
(B) 2 only
(C) 1 and 2 only
(D) 1, 2 and 3

100. Which artistic school contributed most to the development of the "Sthula" (bold or stout) human form in Indian art?
(A) Gandhara
(B) Amaravati
(C) Greco-Roman
(D) Mathura

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Nagara style and the South Indian Dravidian style. This synthesis is visible in the shape of the temple towers and the plan of the structures, reflecting the cultural exchange between different regions.

56. (A) Folk deities and spirits
Yakshas and Yakshinis are ancient Indian folk deities associated with fertility, nature, and protection. During the Mauryan period, massive free-standing sculptures of these figures were created as part of popular art traditions. They represent the indigenous religious beliefs of the common people, which existed alongside the courtly art of the empire and the formal teachings of Buddhism and Jainism.

57. (B) Shaved head and energetic, smiling face
The Mathura Buddha is distinguished by indigenous artistic features that contrast with the Gandhara style. These figures often have a shaved head or a small snail-shell curl, a prominent ushnisha, and an energetic, smiling expression. The body is usually robust and portrayed with a sense of internal breath, or prana, reflecting the Indian aesthetic focus on spiritual vitality rather than just physical musculature.

58. (B) Prayer hall
A Chaitya is a Buddhist shrine or prayer hall specifically designed for congregational worship. In rock-cut architecture, Chaityas are typically rectangular halls with a vaulted roof and a small stupa at the far end, which serves as the object of veneration. They are distinct from Viharas, which were the residential quarters for monks, though they were often located within the same complex.

59. (A) Mahabalipuram
Mahabalipuram, located on the coast of Tamil Nadu, is a critical site for the early evolution of Dravidian architecture. Under the Pallava dynasty, it transitioned from rock-cut "Rathas" to structural stone temples like the Shore Temple. These structures established the foundational elements of the South Indian style, including the tiered Vimana and the use of monolithic stone carving on a grand scale.

60. (C) Metal
The exceptional quality of the Mauryan polish on sandstone pillars is so smooth and reflective that early observers often mistook the material for metal or glass. This mirror-like finish was achieved through a laborious and sophisticated technique that remains a subject of study. The persistence of this luster after over two millennia is a testament to the advanced craftsmanship of the Mauryan artisans.

61. (D) Nagara Shikhara
The Amalaka is a large, fluted stone disc resembling a segmented fruit, placed at the summit of a Nagara-style Shikhara. It serves as a base for the Kalasha, the final pot-like ornament. This feature is a characteristic element of North Indian temple architecture and is symbolically linked to the concept of the celestial sun or a divine crown over the deity's abode.

62. (A) 1-2-3-4
A standard Stupa is constructed with a logical vertical progression of symbolic components. At the base is the Medhi, a circular terrace. Upon this sits the Anda, the hemispherical dome. Above the dome is the Harmika, a square railing. Finally, at the very top is the Chattra, a series of umbrellas representing spiritual sovereignty, completing the structure's ascent from earth to heaven.

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63. (B) All known Ashokan pillars are monolithic
A defining technical characteristic of Ashokan pillars is that they are monolithic, meaning each pillar was carved from a single, massive block of stone. This includes the entire shaft, though the capital was often carved separately and joined with a metal dowel. There are no known exceptions where the shaft itself was constructed from multiple stacked drums, demonstrating remarkable engineering and transport skills.

64. (D) Pakistan and Afghanistan
The Gandhara school of art was centered in the historical region of Gandhara, which encompasses modern-day northwestern Pakistan and eastern Afghanistan. Due to its location along major trade routes, it became a melting pot of Indian, Persian, and Greco-Roman influences. This geographic context explains the unique Hellenistic style of its Buddhist sculptures, which were produced primarily during the Kushana period.

on the Toranas serve to educate and inspire the devotee before they reach the central mound.

83. (A) Both A and R are true and R is the correct explanation of A.
Mauryan art is traditionally divided into two streams: court art and popular art. Court art includes the grand monolithic pillars and animal capitals commissioned by the state to project imperial power and religious messages. Popular art consists of free-standing sculptures like Yakshas and Yakshinis, which were created for local cults and folk worship. This distinction highlights the coexistence of imperial patronage and indigenous cultural traditions.

84. (D) Sarnath
The Dharmachakra Pravartana mudra, also known as the gesture of turning the wheel of dharma, is most famously associated with the 5th-century Gupta Buddha from Sarnath. This sculpture commemorates the Buddha's first sermon. While the gesture appeared in earlier schools, the Sarnath Buddha is considered the definitive artistic masterpiece of this iconography, representing the height of classical Indian artistic refinement and spiritual expression.

85. (B) A massive, free-standing stone sculpture
The Besnagar Yaksha is a prominent example of Mauryan or post-Mauryan popular art. It is a massive, free-standing stone sculpture that reflects the indigenous tradition of worshipping nature spirits and folk deities. These figures are characterized by their large scale, robust proportions, and frontal posture, representing a significant artistic stream that existed alongside the more formal, court-sponsored architecture of the era.

86. (A) P-3, Q-4, R-1, S-2
Indian temple architecture utilizes specific terms for its various components. The Jagati is the raised platform upon which the temple is built. The Shikhara refers to the spire or tower. At the top of the Shikhara sits the Amalaka, a stone disc, which is then crowned by the Kalasha, a pot-like finial. Understanding these terms is essential for identifying the structural hierarchy and symbolic meaning of temple designs.

87. (D) Gandhara
The Gandhara school is renowned for its focus on physiognomic accuracy and realistic human anatomy. Influenced by Hellenistic traditions, artists paid close attention to the skeletal structure, muscular details, and facial features of their subjects. This realistic approach produced Buddha images with distinct Western features, such as deep-set eyes and well-defined musculature, setting it apart from the more idealized and symbolic Indian traditions.

88. (A) Amaravati Stupa
Ayaaka pillars are a unique architectural feature found primarily in the Buddhist stupas of the Andhra region, most notably at Amaravati. These consist of five pillars erected on a platform projecting from the four cardinal points of the Stupa's base. They represent the five major events in the life of the Buddha: his birth, renunciation, enlightenment, first sermon, and final decease (Mahaparinirvana).

89. (A) 1 and 2 only
The Great Stupa at Sanchi features four magnificent stone Toranas, or gateways, that are positioned at the cardinal points of the structure. These are among the most famous examples of early Indian stone carving. Contrary to being made of wood, they are entirely constructed of stone, although their design clearly mimics contemporary wooden architecture. The gateways are covered in elaborate reliefs depicting Jataka stories and Buddhist legends.

90. (B) Cave 9
The Ajanta Caves were excavated in two main phases. The first phase, dating from the 2nd century BCE to the 1st century CE, belongs to the Hinayana tradition. Cave 9 is one of the earliest structures from this initial period, serving as a Chaitya or prayer hall. It is characterized by its simple architectural style and the absence of Buddha images, which were not yet anthropomorphically represented.

91. (A) Power and the Buddha
In Mauryan art, particularly in Ashokan capitals, the lion serves as a powerful multi-layered symbol. It represents the temporal power and authority of the Mauryan Emperor. Simultaneously, in a religious context, it symbolizes the Buddha, who

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reputation for exceptional artistic and religious growth.

74. (B) Vestibule connecting the sanctum and hall
The Antarala is a transitional space or vestibule in an Indian temple that connects the main assembly hall, known as the Mandapa, with the sanctum sanctorum, or Garbhagriha. It serves as a small intermediate chamber where devotees might pause before entering the most sacred part of the temple. This architectural element is particularly common in more developed Nagara and Vesara temple designs.

75. (A) Lauriya Nandangarh
While some Ashokan capitals like Sarnath and Sanchi feature four lions, the pillar at Lauriya Nandangarh in Bihar is topped by a single, seated lion. This pillar is notable for its excellent state of preservation and provides a clear example of the simpler, yet equally powerful, animal crowning motifs used in Mauryan court art to symbolize royal authority and the spread of Dhamma.

76. (C) Roman Togas
The treatment of drapery in the Gandhara school of art shows a heavy influence from classical Greco-Roman traditions. The Buddha's robes are rendered with realistic, deep folds and a sense of volume that closely resembles the Roman toga. This stylistic element is a primary reason why Gandhara art is often termed "Greco-Buddhist," as it combines Western aesthetic techniques with Eastern religious subjects.

77. (D) They were constructed as monolithic structures
A significant factual detail regarding Ashokan pillars is their monolithic construction. Each shaft was carved from a single piece of Chunar sandstone, rather than being built from separate segments or as part of larger temple buildings. They were specifically used to inscribe edicts and proclaim the emperor's policies. Their polished, mirror-like finish is another defining characteristic that distinguishes them from later Indian stone monuments.

78. (C) Dravidian
The Gopuram is a monumental entrance gateway characteristic of Dravidian temple architecture in South India. These towers are often massive, multi-storeyed structures decorated with an abundance of colorful sculptures depicting deities and mythological scenes. Over time, Gopurams became the most prominent and tallest features of temple complexes, sometimes overshadowing the main sanctuary tower, or Vimana, in terms of scale and visual impact.

79. (A) Both Statement I and Statement II are correct
The Gupta period marked the beginning of structural temple construction in India, moving away from purely rock-cut traditions. One of the finest early examples is the Dashavatara Temple at Deogarh, which is recognized for its Nagara style features. It includes a basic Shikhara and relief panels, illustrating the transition toward the classical North Indian temple form. Both statements accurately reflect the history of early Indian architecture.

80. (D) Elaborately decorated with patterns
In the Mathura school of art, the halo, or prabhamandala, behind the head of the Buddha or other deities is typically large and elaborately decorated with geometric or floral patterns. This contrasts with the early Gandhara school, where the halo was often plain and simple. The intricate decoration in Mathura art reflects the indigenous preference for ornamental detail and the symbolic representation of divine radiance and spiritual power.

81. (D) Kumrahar and Bulandibagh
Archaeological excavations have identified the ruins of the ancient Mauryan capital, Pataliputra, at the sites of Kumrahar and Bulandibagh in modern-day Patna. Kumrahar is famous for the remains of a vast pillared hall, while Bulandibagh revealed remnants of the city's wooden defensive palisades. Together, these sites provide critical evidence of the scale and material composition of Mauryan palace architecture as described by Greek historians.

82. (C) Torana
The Toranas, or gateways of a Stupa, represent the symbolic transition from the mundane, earthly world into the spiritual realm of the Buddha's teachings. As a pilgrim enters through these highly decorated portals, they leave behind secular life to engage in the sacred ritual of circumambulation. The rich narrative carvings

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List I: (Gandhian Movement)
P. Champaran Satyagraha
Q. Ahmedabad Mill Strike
R. Kheda Satyagraha
S. Non-Cooperation Movement
List II: (Issue/Objective)
1. Plague Bonus dispute
2. Indigo plantation system
3. Against the Rowlatt Act
4. Remission of land revenue
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

25. In the context of the Non-Cooperation Movement, what does the term 'Triple Boycott' refer to?
(A) Collective boycott of salt, foreign cloth, and liquor.
(B) Boycott of British schools, courts, and legislatures.
(C) Relinquishing of British taxes, titles, and state honors.
(D) Systemic boycott of railways, posts, and telegraph services.

26. Which of the following statements about the Chauri Chaura incident is INCORRECT?
(A) It occurred in February 1922 in the Gorakhpur district.
(B) Mahatma Gandhi decided to intensify the movement after this incident.
(C) A peaceful procession was fired upon by the police, leading to a violent retaliation.
(D) It led to the immediate suspension of the Non-Cooperation Movement.

27. Arrange the following events in chronological order:
1. Appointment of the Simon Commission
2. Nehru Report
3. Gandhi-Irwin Pact
4. Dandi March
(A) 1-2-4-3
(B) 2-1-3-4
(C) 1-3-2-4
(D) 4-1-2-3

28. Consider the following statements regarding the Nehru Report (1928):
1. It demanded Dominion Status for India.
2. It recommended a federal structure for the Indian government.
3. It accepted the concept of separate electorates for minorities.
Which of the statements given above is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

29. Which of the following pairs is correctly matched regarding the Civil Disobedience Movement?
(A) Violation of Salt Law — May 10, 1930
(B) Number of followers — 500
(C) Distance covered — 1000 miles
(D) Dandi March start date — March 12, 1930

30. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The Simon Commission was boycotted by almost all Indian political parties.
Reason (R): The commission consisted only of British members and had no Indian representation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which session of the Indian National Congress passed the famous 'Purna Swaraj' (Complete Independence) resolution?
(A) Calcutta Session 1928
(B) Lahore Session 1929
(C) Karachi Session 1931
(D) Faizpur Session 1936

32. Which of the following statements about the Round Table Conferences is CORRECT?
(A) The Congress participated in all three conferences.
(B) Dr. B.R. Ambedkar boycotted the conferences.
(C) The conferences were held in Delhi to discuss Indian reforms.

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is often referred to as the "Lion of the Sakya clan" (Shakyasimha). Thus, the lion motifs effectively communicated both the strength of the state and the spiritual teachings of Buddhism.

92. (C) To spread the message of Dhamma
Ashoka's Rock Edicts were primarily intended to disseminate his philosophy of Dhamma to the diverse populations of his empire. These inscriptions focused on ethical behavior, social responsibility, religious tolerance, and non-violence. By placing them on permanent rock surfaces across the subcontinent, Ashoka aimed to establish a common moral code that would promote peace and social welfare among his subjects, rather than simply recording military deeds.

93. (B) Both A and R are true but R is not the correct explanation of A.
The Nagara style is indeed the dominant architectural tradition in North India. One of its distinguishing characteristics is the general absence of elaborate boundary walls and monumental entrance gateways, which are common in the Dravidian style. While both the assertion and reason are true, the lack of walls does not explain why the style is prominent in the north; rather, it is a regional development feature.

94. (C) First representation of Buddha
A major point of historical comparison between the Gandhara and Mathura schools is that they were both responsible for the first anthropomorphic representations of the Buddha. Around the 1st century CE, both schools independently began creating human-like images of the Buddha, replacing the earlier tradition of using symbols like footprints or a wheel. This transition marked a significant shift in Buddhist worship and artistic practice.

95. (B) Kushana Art
The Ushnisha, a cranial protuberance on the top of the Buddha's head symbolizing his spiritual wisdom and enlightenment, became a standardized iconographic feature during the Kushana period. Both the Gandhara and Mathura schools developed their own versions of this feature—Gandhara often depicting it as a top-knot of hair, while Mathura portrayed it as a solid mound—establishing a permanent element of Buddhist imagery.

96. (A) P-2, Q-3, R-4, S-1
Ancient Indian sculptures are categorized by their stylistic origins. The Seated Buddha from Katra belongs to the Mathura Kushana tradition. The colossal Standing Buddha from Bamiyan represents the Gandhara Kushana style. The Yakshini from Didarganj is a masterpiece of the Mauryan period. Finally, the low-relief carvings illustrating Jataka tales from the Bharhut Stupa are typical of the Shunga or early Andhra period's artistic conventions.

97. (A) Where the image of the deity is placed
The Sanctum Sanctorum, known as the Garbhagriha in Indian architecture, is the core of the temple where the primary image of the deity is housed. It is designed as a small, dark, and simple chamber to focus the devotee's attention inward. This sacred space is the heart of the entire temple complex, around which all other structures like halls and gateways are organized in a symbolic hierarchy.

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98. (C) Ajanta
Ashokan pillar edicts are found at various sites across India, such as Topra, Meerut, and Lauriya Araraj. These locations were chosen for their strategic importance along trade routes. However, Ajanta is a site famous for its later Buddhist rock-cut caves and paintings, mostly dating from the 2nd century BCE to the 6th century CE. It does not host any of the original monolithic Ashokan pillar edicts.

99. (A) 1 only
The Great Stupa at Sanchi is well-known for its massive stone railing that surrounds the circumambulation path. Historically, many early stupas transitioned from wooden to stone railings. While Sanchi's railing is intact, other sites like Bharhut also had stone railings, though they are mostly dismantled now. The statement that Amaravati has no railing is incorrect, as it was famous for its highly decorated white limestone railing panels.

100. (D) Mathura
The Mathura school of art is credited with the development of the "Sthula" or bold human form

8. Consider the following statements regarding the economic causes of the 1857 Revolt:
1. The heavy land revenue assessments impoverished the peasantry.
2. The destruction of traditional Indian handicrafts led to widespread unemployment.
3. The British promoted Indian industrialization to compete with European markets.

Which of the statements given above is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

9. Which of the following regions was NOT significantly affected by the Revolt of 1857?
(A) Awadh
(B) Madras Presidency
(C) Rohilkhand
(D) Bundelkhand

10. Arrange the following events in chronological order:
1. Arrival of Mahatma Gandhi in India
2. Partition of Bengal
3. Formation of the Indian National Congress
4. Lucknow Pact

(A) 3-2-1-4
(B) 2-3-4-1
(C) 3-1-2-4
(D) 1-2-3-4

11. What was the primary administrative change introduced by the Government of India Act 1858?
(A) Transfer of power from the Company to the British Crown.
(B) Introduction of a permanent bicameral legislature in India.
(C) Granting of voting rights to the general Indian population.
(D) Abolition of the executive office held by the Viceroy.

12. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.

Assertion (A): The Indian National Congress was founded in 1885 by A.O. Hume.
Reason (R): Hume wanted to provide a 'safety valve' for the growing discontent among Indians against British rule.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

13. Which of the following was NOT a demand of the Moderate phase of the Indian National Congress?
(A) Expansion and reform of the Legislative Councils.
(B) Simultaneous Civil Services exams in England and India.
(C) Significant reduction of annual military expenditure.
(D) Immediate complete independence from British rule.

14. Which of the following pairs is correctly matched regarding the first session of the Indian National Congress?
(A) Venue — Calcutta
(B) Year — 1886
(C) President — W.C. Bonnerjee
(D) Number of Delegates — 100

15. Match List-I with List-II and select the correct answer from the options given below:
List I: (Leader)
P. Bal Gangadhar Tilak
Q. Annie Besant
R. Subhas Chandra Bose
S. A.O. Hume
List II: (Organization/Movement)
1. Home Rule League
2. Indian National Congress
3. Forward Bloc
4. Ganpati Festival

(A) P-1, Q-4, R-2, S-3
(B) P-4, Q-1, R-3, S-2
(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-1, R-4, S-3

16. What was the stated official reason given by the British for the Partition of Bengal in 1905?

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CHAPTER 16

Modern Indian History and Freedom Struggle

1. Who among the following was the Governor-General of India during the Revolt of 1857?
(A) Lord Canning
(B) Lord Dalhousie
(C) Lord William Bentinck
(D) Lord Ellenborough

2. Which of the following statements regarding the 'Doctrine of Lapse' is CORRECT?
(A) Allowed adopted sons to inherit the throne of a princely state.
(B) Introduced by Lord Canning to pacify the restless Indian rulers.
(C) States without a natural heir lapsed to the British Crown.
(D) Primarily intended to promote social reforms in the Indian states.

3. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The introduction of greased cartridges in the Enfield rifle became the immediate cause of the 1857 Revolt.
Reason (R): The sepoys believed that the cartridges were coated with the fat of cows and pigs, which offended their religious sentiments.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

4. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: The Revolt of 1857 was characterized by a complete absence of Hindu-Muslim unity.
Statement II: Modern educated Indians largely supported the British during the Revolt of 1857.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

5. Which of the following pairs of leaders and their centers during the 1857 Revolt is INCORRECTLY matched?
(A) Nana Saheb — Kanpur
(B) Kunwar Singh — Gwalior
(C) Begum Hazrat Mahal — Lucknow
(D) Rani Laxmibai — Jhansi

6. Match List-I with List-II and select the correct answer using the codes given below:
List I: (Center of Revolt)
P. Delhi
Q. Kanpur
R. Jhansi
S. Lucknow
List II: (British Official)
1. Hugh Rose
2. John Nicholson
3. Colin Campbell
4. Henry Lawrence
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-3, S-4
(C) P-2, Q-3, R-1, S-4
(D) P-4, Q-3, R-2, S-1

7. Which historian characterized the 1857 Revolt as the "First War of Indian Independence"?
(A) R.C. Majumdar
(B) S.N. Sen
(C) Benjamin Disraeli
(D) V.D. Savarkar

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65. (C) Statement I is correct but Statement II is incorrect
The Great Stupa at Sanchi is historically significant as it was built to house the sacred relics of the Buddha. While the core structure was commissioned by Emperor Ashoka, the elaborate stone gateways, or Toranas, were added during the later Satavahana period. Therefore, the assertion that Ashoka himself built the Toranas is incorrect, as they represent a later phase of architectural enhancement and artistic development.

66. (C) Tiger
The abacus of the Sarnath Lion Capital features four animals depicted in a running or galloping posture. These animals are the elephant, the horse, the bull, and the lion. Each animal is separated by a Dharmachakra. The tiger is not among the animals represented on this specific Mauryan artifact. These four animals are traditionally interpreted as symbolizing the four directions or stages in the Buddha's life.

67. (A) Lotus or Bell-shaped base
A distinctive feature of Mauryan pillar capitals is the inverted lotus or bell-shaped base. This component sits directly atop the monolithic shaft and supports the abacus and the crowning animal sculpture. The bell-shaped design is often cited as evidence of cultural exchange with Achaemenid Persia, although Mauryan artisans adapted the form into a unique and highly polished Indian artistic expression.

68. (D) Buddhism, Hinduism, and Jainism
The Mathura school of art was incredibly prolific and served as a major center for multiple religious traditions. Unlike the Gandhara school, which was primarily Buddhist, Mathura produced images for Buddhism, Hinduism, and Jainism simultaneously. This included the earliest depictions of Buddhist deities, Jain Tirthankaras, and various Hindu gods, demonstrating the city's status as a diverse and vibrant religious and artistic hub in ancient India.

69. (B) Chaitya-arch
The Chaitya-arch, also known as the gavaksha or horseshoe arch, is a prominent decorative and functional feature in early Indian cave architecture. It was used as a facade for entrance windows to allow light into the prayer halls. Originally modeled after wooden structures, this arch became a standard motif in Buddhist rock-cut architecture and later influenced the ornamentation of Hindu and Jain temples.

70. (C) Low relief with flat, two-dimensional quality
The relief carvings found on the railings and gateways of the Bharhut Stupa are characterized by their low-relief technique. This means the figures do not protrude far from the background, giving the art a flat, two-dimensional quality. This early style of Indian sculpture focuses on clear narrative storytelling, portraying Jataka tales with a simple yet effective aesthetic that predates more three-dimensional traditions.

71. (D) Residence of monks
In Buddhist architecture, a Vihara refers to a monastery or a residential hall for monks. These structures typically consisted of a central courtyard surrounded by small individual cells used for sleeping and meditation. Viharas were often built alongside Chaityas, or prayer halls, forming complete monastic complexes that supported the daily lives and spiritual practices of the Buddhist community during the monsoon retreats.

72. (A) Narrative art using white limestone
The Amaravati School is distinguished by its extensive use of local white limestone, which allows for extremely delicate and detailed carving. It is famous for its "narrative art," where complex stories from the Buddha's life are depicted in relief panels called medallions. This school developed a unique aesthetic characterized by slender human figures, dynamic movement, and crowded scenes, reflecting the prosperous Satavahana period.

73. (A) Both A and R are true and R is the correct explanation of A.
The Kushana period is widely regarded as a golden age for Buddhist art because it fostered significant iconographic developments and received substantial imperial support. Emperor Kanishka played a pivotal role by convening the Fourth Buddhist Council and patronizing the Gandhara school. This royal backing encouraged the proliferation of Buddha images and the spread of Buddhist philosophy, justifying the era's

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(A) To curb the growing influence of Indian nationalists.
(B) To create a Muslim-majority province in the East.
(C) To divide the Hindus and Muslims on communal lines.
(D) To facilitate better administrative convenience.

17. Which of the following statements regarding the Swadeshi Movement is correct?
(A) It promoted the boycott of British goods and use of Swadeshi.
(B) It was officially launched in response to the Rowlatt Act.
(C) It was led exclusively by the Moderate faction of the Congress.
(D) It had no impact on the educational and cultural spheres of India.

18. Consider the following statements about the Surat Split of 1907:
1. It occurred during the annual session of the Congress held in Surat.
2. The main point of contention was the extension of the Swadeshi Movement outside Bengal.
3. Rash Behari Ghosh presided over the session.

Which of the statements given above is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

19. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: Bal Gangadhar Tilak started the 'Kesari' and 'Mahratta' newspapers to spread nationalist ideas.
Statement II: Tilak was known for his moderate approach and belief in constitutional methods.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

20. Which of the following pairs regarding the Home Rule Movement is INCORRECTLY matched?
(A) Annie Besant — Started the movement in Madras.
(B) Tilak — Started the movement in Poona.
(C) Commonweal — Newspaper started by Annie Besant.
(D) Objective — To attain Purna Swaraj immediately.

21. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The Lucknow Pact of 1916 was a significant milestone in the Indian freedom struggle.
Reason (R): It brought about a temporary alliance between the Indian National Congress and the Muslim League.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

22. What was the most appropriate reason for the nationwide opposition to the Rowlatt Act of 1919?
(A) It significantly increased land revenue taxes during famines.
(B) It permanently abolished the Indian Legislative Council.
(C) It allowed imprisonment of individuals without trial.
(D) It prohibited Indians from entering the higher civil services.

23. Which of the following was NOT a feature of the Jallianwala Bagh massacre?
(A) It took place on the day of Baisakhi.
(B) General Dyer ordered the firing on a peaceful crowd.
(C) It led to Rabindranath Tagore renouncing his knighthood.
(D) It was a direct response to the Quit India Movement.

24. Match List-I with List-II and select the correct answer from the options given below:

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in Indian sculpture. Unlike the physically realistic or slender styles found elsewhere, Mathura artists emphasized powerful, robust, and fleshy bodies that conveyed a sense of physical and spiritual strength. This aesthetic approach deeply influenced the classical Indian style of portraying both divine and human figures in subsequent centuries.

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(D) Mahatma Gandhi attended the Second Round Table Conference.

33. Match List-I with List-II and select the correct answer from the options given below:
List I: (Pact/Plan)
P. Gandhi-Irwin Pact
Q. Poona Pact
R. Mountbatten Plan
S. Cabinet Mission
List II: (Key Individuals)
1. Gandhi and Ambedkar
2. Lord Mountbatten and Indian leaders
3. Pethick-Lawrence and Stafford Cripps
4. Lord Irwin and Mahatma Gandhi
(A) P-4, Q-1, R-2, S-3
(B) P-1, Q-4, R-3, S-2
(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-1, R-4, S-3

34. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: The Poona Pact of 1932 resulted in the abandonment of separate electorates for the depressed classes.
Statement II: The Poona Pact increased the number of reserved seats for the depressed classes in provincial legislatures.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

35. Which of the following pairs regarding the Government of India Act 1935 is INCORRECTLY matched?
(A) Diarchy at the Center — Abolished
(B) All India Federation — Proposed
(C) Provincial Autonomy — Introduced
(D) Reserve Bank of India — Established

36. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The Quit India Movement is also known as the 'August Kranti'.
Reason (R): The movement was launched by the Congress on August 8, 1942, following the failure of the Cripps Mission.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

37. Which of the following was NOT a proposal of the Cabinet Mission Plan 1946?
(A) A three-tier administrative structure for India.
(B) Immediate partition of India into two sovereign states.
(C) Formation of a Constituent Assembly.
(D) An interim government representing major political parties.

38. Consider the following statements about the Indian National Army (INA):
1. It was originally founded by Captain Mohan Singh.
2. Subhas Chandra Bose took command of the INA in Singapore.
3. The INA fought alongside the British forces during World War II.
Which of the statements given above is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

39. What was the most appropriate reason for the Congress accepting the Mountbatten Plan?
(A) The plan promised a unified India under a strong central government.
(B) The plan granted India immediate Dominion status without partition.
(C) It was recommended by Mahatma Gandhi as the best possible solution.
(D) It was seen as the only way to end the escalating communal violence.

40. Which of the following pairs is correctly matched?
(A) Aruna Asaf Ali — Quit India Movement
(B) Sarojini Naidu — First President of INC
(C) Sucheta Kripalani — Leader of the 1857 Revolt

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(C) A is true but R is false.
(D) A is false but R is true.

96. Which of the following is an INCORRECT statement about the Indian National Congress?
(A) It was the first all-India political organization in India.
(B) It was founded during the viceroyalty of Lord Dufferin.
(C) Its first session was attended by 72 delegates.
(D) Immediate end to British rule demanded from its first session.

97. What was the main contribution of Madame Bhikaiji Cama to the Indian freedom struggle?
(A) First to hoist the Indian revolutionary flag in a foreign land.
(B) She led the 1857 Revolt in Central India.
(C) Fundamental role in the founding of the Indian National Congress.
(D) She was the first woman Governor of an Indian state.

98. Which of the following pairs is correctly matched?
(A) Vaikom Satyagraha — Mahatma Gandhi
(B) Flag Satyagraha — Rajendra Prasad
(C) Bardoli Satyagraha — Vallabhbhai Patel
(D) Guruvayur Satyagraha — K. Kelappan

99. In the context of the 1935 Act, what did 'Provincial Autonomy' mean?
(A) Ministries were made accountable to the provincial legislature.
(B) Provinces were entirely independent of the Central Government.
(C) Total removal of the Governor as the executive head of the province.
(D) Provinces were permitted to maintain their own separate armies.

100. Who was the British Prime Minister at the time of India's Independence?
(A) Winston Churchill
(B) Neville Chamberlain
(C) Ramsay MacDonald
(D) Clement Attlee

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(A) Chauri Chaura — Madhya Pradesh
(B) Champaran — Bihar
(C) Kheda — Gujarat
(D) Dandi — Gujarat

50. Which of the following was NOT a consequence of the Government of India Act 1858?
(A) The Board of Control and Court of Directors were abolished.
(B) A new office of Secretary of State for India was created.
(C) Official recognition of the Congress by the British Crown.
(D) The Governor-General was given the title of Viceroy.

51. What was the most appropriate reason for the Surat Split in 1907?
(A) Ideological conflict between the Moderates and Extremists.
(B) Disagreement over the abolition of the salt tax.
(C) Disagreement over the support for the British in the Boer War.
(D) The decision to move the Congress headquarters to London.

52. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: The Rowlatt Act was passed despite unanimous opposition from the Indian members of the Imperial Legislative Council.
Statement II: Mahatma Gandhi organized the Rowlatt Satyagraha as the first all-India struggle against the British.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

53. In the context of the freedom struggle, what did the term 'Satyagraha' primarily signify to Gandhi?
(A) Use of physical force to achieve political ends.
(B) Holding onto truth through non-violent means.
(C) Passive resistance involving no active participation.
(D) Clandestine activities to disrupt British administration.

54. The 'Doctrine of Lapse' can be defined as:
(A) Policy to grant total religious freedom to the princely states.
(B) Military strategy to recruit more sepoys for the British army.
(C) Annexation of states whose rulers died without a natural heir.
(D) Land revenue system based strictly on the fertility of the soil.

55. Who among the following was known as 'Sher-e-Punjab'?
(A) Bal Gangadhar Tilak
(B) Bipin Chandra Pal
(C) Bhagat Singh
(D) Lala Lajpat Rai

56. Which of the following statements regarding the Khilafat Movement is CORRECT?
(A) Ali brothers protesting the treatment of the Ottoman Caliph.
(B) Strictly independent from the Non-Cooperation Movement.
(C) Movement for the total independence of the Hijaz region.
(D) Opposed by Mahatma Gandhi because of its religious nature.

57. Which of the following is an INCORRECT statement about the Dandi March?
(A) It began from Sabarmati Ashram.
(B) Only women were allowed to participate in the march.
(C) It ended at the coastal village of Dandi.
(D) It was a protest against the British monopoly on salt.

58. Which of the following pairs is correctly matched?
(A) Mahatma Gandhi — "Swaraj is my birthright"
(B) Subhas Chandra Bose — "Give me blood, and I shall give you freedom"
(C) Bal Gangadhar Tilak — "Do or Die"
(D) Jawaharlal Nehru — "Jai Hind"

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59. Which of the following pairs is INCORRECTLY matched?
(A) 1942 — Cabinet Mission
(B) 1916 — Lucknow Pact
(C) 1922 — Chauri Chaura Incident
(D) 1930 — First Round Table Conference

60. What was the main outcome of the Gandhi-Irwin Pact of 1931?
(A) Immediate grant of Purna Swaraj.
(B) Granting of separate electorates for the depressed classes.
(C) Release of all political prisoners not convicted of violence.
(D) Withdrawal of the Government of India Act 1919.

61. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The Congress ministries resigned in 1939 in all the provinces.
Reason (R): The British government declared India a party to World War II without consulting the Indian people or their representatives.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

62. Who was the first woman President of the Indian National Congress?
(A) Sarojini Naidu
(B) Nellie Sengupta
(C) Annie Besant
(D) Vijayalakshmi Pandit

63. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: The Simon Commission was appointed two years ahead of the scheduled ten-year review of the 1919 Act.
Statement II: The commission's report was the basis for the Government of India Act 1935.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

64. Which of the following was NOT a feature of the Government of India Act 1935?
(A) The permanent establishment of a centralized Federal Court system.
(B) Abolition of diarchy in the provinces.
(C) Introduction of direct elections for the first time.
(D) Establishing the office of the Indian High Commissioner in London.

65. Which of the following pairs is correctly matched?
(A) Nana Saheb — Disappeared after the fall of Kanpur.
(B) Rani Laxmibai — Captured by the British and executed.
(C) Tantia Tope — Escaped to Nepal and was never found.
(D) Mangal Pandey — Leader of the revolt in Delhi.

66. What was the most appropriate reason for the launch of the Individual Satyagraha in 1940?
(A) To demand immediate partition of the country.
(B) To protest against the arrest of Subhas Chandra Bose.
(C) To assert the right to free speech against the war.
(D) To support the British in the defense of India.

67. Which of the following methods was NOT used by the Moderates?
(A) Use of revolutionary terrorism and assassinations.
(B) Petitions to the British Parliament.
(C) Organizing public meetings and resolutions.
(D) Educating the public through the press.

68. Match List-I with List-II and select the correct answer from the options given below:
List I: (Term/Event)
P. Communal Award
Q. Dyarchy
R. Swadeshi
S. Satyagraha

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List II: (Description)
1. Double Government
2. Non-violent resistance
3. Separate electorates for minorities
4. Of one's own country

(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-4, R-1, S-2
(D) P-3, Q-1, R-4, S-2

69. In which city was the Indian National Congress founded?
(A) Calcutta
(B) Bombay
(C) Madras
(D) Allahabad

70. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The Swadeshi Movement saw the participation of women for the first time in large numbers.
Reason (R): Women organized picketing of shops selling foreign cloth and liquor.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

71. Which of the following statements about the Mountbatten Plan is CORRECT?
(A) It proposed that the princely states must join either India or Pakistan.
(B) It was rejected by both the Congress and the Muslim League.
(C) It suggested the continuation of the British monarch as the head of state of India forever.
(D) It moved the date of independence forward to August 15, 1947.

72. Who coined the slogan "Inquilab Zindabad"?
(A) Hasrat Mohani
(B) Subhas Chandra Bose
(C) Bhagat Singh
(D) Chandra Shekhar Azad

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73. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: The Cabinet Mission Plan proposed the grouping of provincial assemblies into three sections (A, B, and C).
Statement II: The Muslim League initially accepted the plan but later withdrew its acceptance.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

74. Which of the following pairs is INCORRECTLY matched?
(A) Khan Abdul Ghaffar Khan — Frontier Gandhi
(B) Sardar Patel — Grand Old Man of India
(C) Sarojini Naidu — Nightingale of India
(D) C. Rajagopalachari — Rajaji

75. What was the significance of the 1937 provincial elections?
(A) The Congress formed ministries in a majority of the provinces.
(B) It was the first time Indians were allowed to vote.
(C) The Muslim League won an absolute majority in all provinces.
(D) The elections were boycotted by the Indian National Congress.

76. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The Jallianwala Bagh massacre led to a change in Gandhi's attitude towards the British government.
Reason (R): He realized that the British government was 'satanic' and could not be cooperated with.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

77. Which of the following is NOT a characteristic of the Quit India Movement?
(A) It was a leaderless movement after the arrest of top leaders.
(B) It saw the emergence of parallel governments in some areas.
(C) It was the final major struggle for independence before 1947.
(D) It was strictly non-violent throughout the country.

78. Who among the following was the founder of the 'Forward Bloc'?
(A) Rash Behari Bose
(B) Jawaharlal Nehru
(C) Subhas Chandra Bose
(D) Sarat Chandra Bose

79. Match List-I with List-II and select the correct answer from the options given below:
List I: (Book/Journal)
P. Hind Swaraj
Q. Discovery of India
R. Gitanjali
S. Unhappy India
List II: (Author)
1. Jawaharlal Nehru
2. Mahatma Gandhi
3. Lala Lajpat Rai
4. Rabindranath Tagore
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

80. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: The Indian Independence Act 1947 was based on the Mountbatten Plan.
Statement II: The Act received the Royal Assent on July 18, 1947.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

81. Which of the following pairs is correctly matched?
(A) Chittagong Armoury Raid — Surya Sen
(B) Kakori Conspiracy — Bhagat Singh
(C) Lahore Conspiracy Case — Ram Prasad Bismil
(D) Alipore Bomb Case — Udham Singh

82. What was the main purpose of the Cripps Mission (1942)?
(A) To grant complete independence to India immediately.
(B) To resolve the communal deadlock between Congress and the League.
(C) To secure Indian cooperation during World War II.
(D) To implement the provisions of the Government of India Act 1935.

83. Which of the following was a negative consequence of the Partition of India?
(A) Unprecedented communal violence and mass migration.
(B) The immediate end of all economic ties between the two nations.
(C) The total collapse of the Indian administrative system.
(D) The return of the British Crown rule in some provinces.

84. Who among the following was known as the 'Iron Man of India'?
(A) Subhas Chandra Bose
(B) Bhagat Singh
(C) Bal Gangadhar Tilak
(D) Sardar Vallabhbhai Patel

85. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The Civil Disobedience Movement was withdrawn following the Gandhi-Irwin Pact.
Reason (R): The British government agreed to grant Dominion status to India immediately.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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86. Which of the following statements about the Swaraj Party is CORRECT?
(A) It advocated the boycott of the Legislative Councils.
(B) It was an extremist group within the Congress that supported violence.
(C) It was formed by C.R. Das and Motilal Nehru.
(D) It was dissolved immediately after the Chauri Chaura incident.

87. Which of the following was NOT a member of the Cabinet Mission?
(A) Lord Pethick-Lawrence
(B) Sir Stafford Cripps
(C) A.V. Alexander
(D) Lord Wavell

88. Which of the following pairs is INCORRECTLY matched?
(A) Go Back to Vedas — Swadeshi Movement
(B) Do or Die — Quit India Movement
(C) Dilli Chalo — INA
(D) Purna Swaraj — Lahore Session

89. What was the most appropriate reason for the rejection of the Nehru Report by the Muslim League?
(A) It proposed a strong unitary government.
(B) It did not provide for separate electorates.
(C) It demanded complete independence instead of Dominion status.
(D) It ignored the rights of the princely states.

90. Match List-I with List-II and select the correct answer from the options given below:
List I: (Event)
P. Arrival of Simon Commission in India
Q. Second Round Table Conference
R. Poona Pact
S. Quit India Resolution
List II: (Year)
1. 1928
2. 1931
3. 1932
4. 1942
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-1, Q-3, R-2, S-4

91. Which woman leader presided over the Kanpur session of the Indian National Congress in 1925?
(A) Sarojini Naidu
(B) Annie Besant
(C) Nellie Sengupta
(D) Indira Gandhi

92. Given below are two statements. Read the statements and select the correct answer from the options given below.
Statement I: The 1857 Revolt began at Meerut on May 10, 1857.
Statement II: The sepoys marched to Delhi and declared Bahadur Shah II as the Emperor of Hindustan.
(A) Statement I is correct, Statement II is INCORRECT.
(B) Statement I is INCORRECT, Statement II is correct.
(C) Both statements are correct.
(D) Both statements are INCORRECT.

93. Which of the following was a key economic cause of the Revolt of 1857?
(A) Encouragement of Indian textile exports.
(B) Reduction of land revenue in the newly annexed territories.
(C) Massive investment in Indian agriculture by the British.
(D) The Drain of Wealth from India to Britain.

94. Who among the following was the founder of the 'Abhinav Bharat' secret society?
(A) Bhagat Singh
(B) Pulin Das
(C) V.D. Savarkar
(D) Barindra Kumar Ghosh

95. Given below are two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Select the correct answer from the options given below.
Assertion (A): The British followed a policy of 'Divide and Rule' after the 1857 Revolt.
Reason (R): They realized that the unity shown by Hindus and Muslims during the revolt was a threat to their empire.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.

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like Awadh, Rohilkhand, and Bundelkhand. Large parts of South India, including the Madras Presidency, remained relatively calm and did not participate significantly in the uprising. This lack of participation from several major regions across the subcontinent was a critical factor in the ultimate failure of the rebellion.

10. (A) 3-2-1-4
The Indian National Congress was founded in 1885 to provide a political platform for Indians. The Partition of Bengal occurred in 1905 under Lord Curzon. Mahatma Gandhi returned to India from South Africa in 1915 to join the freedom struggle. Finally, the Lucknow Pact was signed in 1916, marking a significant agreement between the Congress and the Muslim League.

11. (A) Transfer of power from the Company to the British Crown.
The Government of India Act 1858 was passed by the British Parliament in the immediate aftermath of the 1857 Revolt. It liquidated the East India Company and transferred the administration of India directly to the British Crown. This change established a new system of governance where the Secretary of State for India managed affairs through the office of the Viceroy.

12. (A) Both A and R are true and R is the correct explanation of A.
Allan Octavian Hume, a retired British civil servant, played a pivotal role in establishing the Indian National Congress in 1885. The safety valve theory suggests that Hume wanted to create an organization that would allow educated Indians to vent their political grievances peacefully. This was intended to prevent a violent outburst of popular discontent against British rule in the future.

13. (D) Immediate complete independence from British rule.
During the Moderate phase from 1885 to 1905, the Indian National Congress focused on constitutional reforms and administrative changes. Their demands included the expansion of legislative councils, simultaneous civil service examinations, and reduced military spending. They did not seek immediate complete independence but aimed for greater Indian representation and self-governance within the framework of the British colonial empire through peaceful petitions.

14. (C) President — W.C. Bonnerjee
The first session of the Indian National Congress was held in December 1885 in Bombay, rather than Calcutta. Womesh Chandra Bonnerjee was elected as the first president of the organization. The meeting was attended by seventy-two delegates from various parts of India. These pioneers laid the foundation for the structured political movement that eventually led to India gaining its national freedom.

15. (B) P-4, Q-1, R-3, S-2
Bal Gangadhar Tilak utilized the Ganpati Festival to mobilize people and spread nationalist ideas among the masses. Annie Besant played a key role in launching the Home Rule League in Madras. Subhas Chandra Bose founded the Forward Bloc after resigning from the Congress presidency. Allan Octavian Hume is widely recognized as the principal founder of the Indian National Congress in 1885.

16. (D) To facilitate better administrative convenience.
The British government, led by Lord Curzon, officially justified the Partition of Bengal in 1905 on the grounds of administrative convenience. They argued that the province was too large and populous to be governed effectively by a single administration. However, the real motive was to weaken the nationalist movement by creating a rift between the Hindu and Muslim populations in the region.

17. (A) It promoted the boycott of British goods and use of Swadeshi.
The Swadeshi Movement was launched as a powerful protest against the Partition of Bengal in 1905. It emphasized the economic boycott of foreign goods, particularly British textiles, and encouraged the use of locally produced items. This movement also fostered a sense of self-reliance and promoted national education, significantly impacting the cultural and social spheres of contemporary Indian society during the struggle.

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ANSWERS

1. (A) Lord Canning
Lord Canning served as the Governor-General of India from 1856 to 1862. During his tenure, the massive uprising of 1857 occurred, which challenged British authority. Following the suppression of the revolt, he became the first Viceroy of India under the Government of India Act 1858, which transferred power from the East India Company to the British Crown.

2. (C) States without a natural heir lapsed to the British Crown.
The Doctrine of Lapse was an annexation policy implemented by Lord Dalhousie. It stipulated that any princely state under the paramountcy of the British East India Company would be annexed if the ruler died without a natural male heir. This policy disregarded the traditional Indian custom of adopting heirs to the throne, causing significant resentment among various Indian rulers.

3. (A) Both A and R are true and R is the correct explanation of A.
The 1857 Revolt was ignited by the introduction of the Enfield rifle, which required biting off cartridges reportedly greased with cow and pig fat. This deeply offended the religious beliefs of both Hindu and Muslim sepoys. Consequently, the widespread belief regarding these offensive substances served as the immediate catalyst for the uprising against the British East India Company's rule.

4. (B) Statement I is INCORRECT, Statement II is correct.
The 1857 Revolt actually demonstrated remarkable Hindu-Muslim unity, as both communities fought together against British rule. However, the modern educated middle class in India generally remained aloof or supported the British during this period. They believed that British rule would modernize Indian society and feared that the rebels represented a return to the old feudal order and traditionalism.

5. (B) Kunwar Singh — Gwalior
Kunwar Singh was a prominent leader of the 1857 Revolt in Bihar, specifically leading the rebellion in Jagdishpur. He was an eighty-year-old local zamindar who resisted British forces with great valor. Gwalior was actually associated with leaders like Tantia Tope and Rani Laxmibai, rather than Kunwar Singh, making that specific pairing historically inaccurate in the context of the uprising.

6. (C) P-2, Q-3, R-1, S-4
During the 1857 uprising, specific British officers were tasked with suppressing the revolt in different regions. John Nicholson led the siege to recapture Delhi. Colin Campbell was instrumental in quelling the rebellion in Kanpur and Lucknow. Hugh Rose famously defeated the forces of Rani Laxmibai in Jhansi, while Henry Lawrence died defending the Residency during the siege at Lucknow.

7. (D) V.D. Savarkar
Vinayak Damodar Savarkar described the 1857 uprising as the First War of Indian Independence in his 1909 book. This perspective challenged the British view that the event was merely a disorganized sepoy mutiny. Savarkar argued that the revolt was a planned and nationalistic attempt by various sections of society to overthrow foreign colonial rule and regain political sovereignty.

8. (A) 1 and 2 only
The economic policies of the British East India Company severely distressed various segments of Indian society. Excessive land revenue demands led to the impoverishment of peasants and the loss of their lands. Simultaneously, the influx of cheap British machine-made goods destroyed traditional Indian handicrafts, resulting in massive unemployment and widespread economic misery among artisans. The British did not promote Indian industrialization.

9. (B) Madras Presidency
The Revolt of 1857 was primarily concentrated in North and Central India, including regions

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(D) Matangini Hazra — Home Rule Movement

41. Match List-I with List-II and select the correct answer from the options given below:
List I: (Provision)
P. Separation of Burma from India
Q. Introduction of Communal Electorates
R. Creation of the office of Secretary of State for India
S. Dyarchy in the Provinces
List II: (Act/Report)
1. Morley-Minto Reforms 1909
2. Montagu-Chelmsford Reforms 1919
3. Government of India Act 1935
4. Government of India Act 1858
(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-3, Q-2, R-1, S-4
(D) P-2, Q-1, R-3, S-4

42. Which of the following statements about the Indian Independence Act 1947 is INCORRECT?
(A) It provided for the creation of two independent Dominions: India and Pakistan.
(B) The office of the Secretary of State for India was to be continued.
(C) The British Crown's suzerainty over the princely states lapsed.
(D) Each Dominion was to have a Governor-General appointed by the King.

43. In the context of the 1857 Revolt, what was the primary reason for the failure of the uprising?
(A) Lack of unified leadership and a common plan of action.
(B) The rebels had superior weaponry compared to the British.
(C) Total support from every single section of Indian society.
(D) The British had no military presence in North India.

44. Consider the following statements regarding the Partition of India:
1. It was based on the "Two-Nation Theory" advocated by the Muslim League.
2. The Radcliffe Line was drawn to demarcate the boundaries.
3. The process of partition was peaceful and without any migration issues.

Which of the statements given above is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

45. Who among the following women leaders is known for hoisting the Indian National Flag at the Gowalia Tank maidan during the Quit India Movement?
(A) Sarojini Naidu
(B) Usha Mehta
(C) Vijayalakshmi Pandit
(D) Aruna Asaf Ali

46. What was the main objective of the Swadeshi Movement?
(A) To demand the restoration of the Caliphate in Turkey.
(B) To support the British war effort in World War I.
(C) Protest against the Bengal partition and promote local industry.
(D) To demand complete and immediate independence from British rule by 1910.

47. Which of the following statements regarding the Simon Commission is CORRECT?
(A) It recommended the immediate grant of Dominion status to India.
(B) It was welcomed with black flags and the slogan "Simon Go Back".
(C) It was appointed to review the working of the Act of 1935.
(D) Lala Lajpat Rai supported the commission's findings.

48. Which of the following is an INCORRECT statement about the 1857 Revolt?
(A) Mangal Pandey was the first soldier to refuse the greased cartridges at Barrackpore.
(B) Tantia Tope was a close associate of Nana Saheb.
(C) Bahadur Shah Zafar was proclaimed the Emperor of India by the rebels.
(D) The revolt was successfully coordinated across all of South India.

49. Which of the following pairs is INCORRECTLY matched?

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18. (D) 1, 2, and 3
The 1907 Surat session of the Indian National Congress witnessed a major split between the Moderates and the Extremists. The primary conflict involved differing views on the scope of the Swadeshi and Boycott movements and the choice of the session president. Rash Behari Ghosh presided over this historic session, which ultimately resulted in the exclusion of the Extremist faction from the party.

19. (A) Statement I is correct, Statement II is INCORRECT.
Bal Gangadhar Tilak was a prominent leader of the Extremist faction who used his newspapers, Kesari and Mahratta, to criticize British policies and awaken national consciousness. Unlike the Moderates, he did not believe in mere constitutional petitions but advocated for radical methods like mass mobilization and boycott. His famous declaration that Swaraj is his birthright defined his revolutionary political philosophy and approach.

20. (D) Objective — To attain Purna Swaraj immediately.
The Home Rule Movement, led by Annie Besant and Bal Gangadhar Tilak, aimed at achieving self-government for India within the British Empire. They sought the status of a Dominion similar to Australia and Canada. The movement did not demand Purna Swaraj, or complete independence, at that stage. Annie Besant operated from Madras while Tilak focused his efforts primarily in the Poona region.

21. (A) Both A and R are true and R is the correct explanation of A.
The Lucknow Pact of 1916 represented a significant moment of political cooperation in India. It involved an agreement between the Indian National Congress and the All India Muslim League to work together for constitutional reforms. By presenting a common set of demands to the British government, the two organizations temporarily set aside their differences to strengthen the nationalist cause against colonial rule.

22. (C) It allowed imprisonment of individuals without trial.
The Rowlatt Act of 1919 was widely condemned by Indians as a "Black Act" because it granted the British government extraordinary powers to suppress political activities. It allowed for the detention of political prisoners without trial for up to two years. This blatant violation of civil liberties and the rule of law led to massive nationwide protests and organized civil disobedience campaigns.

23. (D) It was a direct response to the Quit India Movement.
The Jallianwala Bagh massacre occurred on April 13, 1919, when British troops under General Dyer fired upon a peaceful gathering celebrating Baisakhi. This horrific event was a reaction to the protests against the Rowlatt Act, not the Quit India Movement, which happened much later in 1942. The massacre deeply shocked the nation and prompted Rabindranath Tagore to renounce his knighthood.

24. (A) P-2, Q-1, R-4, S-3
Mahatma Gandhi's early satyagrahas targeted specific local grievances. In Champaran, he addressed the problems of indigo farmers under the tinkathia system. The Ahmedabad strike involved a dispute over plague bonuses for textile workers. Kheda focused on the remission of land revenue during a crop failure. Later, the Non-Cooperation Movement was launched to protest against the Rowlatt Act and other British policies.

25. (B) Boycott of British schools, courts, and legislatures.
During the Non-Cooperation Movement launched in 1920, Mahatma Gandhi advocated for a "Triple Boycott" to paralyze the British administration. This strategy involved the mass boycott of government-run educational institutions, British law courts, and the newly formed legislative councils. By withdrawing cooperation in these key areas, the movement aimed to demonstrate that British rule in India depended entirely on Indian consent.

26. (B) Mahatma Gandhi decided to intensify the movement after this incident.
The Chauri Chaura incident occurred in February 1922 when a violent clash between protesters

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80. (C) Both statements are correct.
The Indian Independence Act of 1947 was the legal instrument that implemented the Mountbatten Plan for the partition of India. It was passed by the British Parliament and received Royal Assent on July 18, 1947. The Act established two independent dominions and provided the framework for the transfer of authority, bringing a formal end to nearly two centuries of British rule.

81. (A) Chittagong Armoury Raid — Surya Sen
The Chittagong Armoury Raid of 1930 was led by Surya Sen, a prominent revolutionary who sought to challenge British authority in Bengal. Other events are often associated with different figures: the Kakori Conspiracy involved Ram Prasad Bismil and Ashfaqulla Khan, while Bhagat Singh was central to the Lahore Conspiracy Case. Udham Singh is known for the assassination of Michael O'Dwyer.

82. (C) To secure Indian cooperation during World War II.
The British government sent the Cripps Mission to India in 1942, primarily to secure Indian support for the Allied war effort during World War II. Sir Stafford Cripps offered a proposal for Dominion Status after the war and the formation of a constituent assembly. However, Indian leaders rejected the offer as it did not promise immediate independence or a unified central government.

83. (A) Unprecedented communal violence and mass migration.
The Partition of India in 1947 resulted in one of the largest and most violent migrations in human history. Millions of people were forced to leave their homes, crossing the newly created borders under horrific conditions. This period was marked by unprecedented communal massacres and widespread suffering. The long-term impact of this trauma significantly shaped the political and social landscape of the subcontinent.

84. (D) Sardar Vallabhbhai Patel
Sardar Vallabhbhai Patel earned the title 'Iron Man of India' for his extraordinary determination and leadership in the immediate post-independence period. He played the most critical role in the political integration of over five hundred princely states into the Indian Union. His firm approach and diplomatic skills prevented the balkanization of the country and ensured the geographical unity of the nation.

85. (C) A is true but R is false.
Mahatma Gandhi agreed to withdraw the Civil Disobedience Movement after signing the Gandhi-Irwin Pact in 1931. However, the reason for this withdrawal was not because the British government agreed to grant immediate Dominion status. In reality, the pact only provided for the release of political prisoners and certain other concessions, while the fundamental demand for self-rule remained a future discussion.

86. (C) It was formed by C.R. Das and Motilal Nehru.
The Swaraj Party was established in 1923 by leaders like Chittaranjan Das and Motilal Nehru, who disagreed with the Congress decision to boycott legislative councils. They advocated for "entering the councils" to wreck the British administration from within and push for nationalist demands. The party remained a part of the Congress but followed a different strategy of constitutional engagement.

87. (D) Lord Wavell
The Cabinet Mission sent to India in 1946 consisted of three high-ranking British ministers: Lord Pethick-Lawrence, Sir Stafford Cripps, and A.V. Alexander. Their goal was to negotiate with Indian leaders regarding the transfer of power. Although Lord Wavell was the Viceroy of India at the time and participated in the discussions, he was not officially a member of the mission.

88. (A) Go Back to Vedas — Swadeshi Movement
The call to "Go Back to the Vedas" was given by Swami Dayanand Saraswati, the founder of the Arya Samaj, as part of his religious and social reform efforts in the 19th century. It was not a slogan of the Swadeshi Movement, which focused on economic and political protest. Other slogans like "Do or Die" and "Dilli Chalo" are correctly matched.

89. (B) It did not provide for separate electorates.
The Muslim League, led by Muhammad Ali Jinnah, rejected the Nehru Report of 1928 primarily because it did not support the continuation of separate electorates. The

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However, the Act actually proposed the introduction of diarchy at the central level, rather than abolishing it. It also envisioned an All India Federation and led to the establishment of the Reserve Bank of India in 1935.

36. (A) Both A and R are true and R is the correct explanation of A.
The Quit India Movement is frequently referred to as the August Kranti because it was launched in August 1942. Following the failure of the Cripps Mission to provide a satisfactory constitutional solution, the Indian National Congress passed the Quit India resolution in Bombay. This movement represented a decisive call for the immediate end of British rule and involved massive public participation.

37. (B) Immediate partition of India into two sovereign states.
The Cabinet Mission Plan of 1946 aimed to preserve the unity of India while addressing communal concerns. It proposed a three-tier structure with a weak center and grouped provinces into three sections. It also recommended the formation of a Constituent Assembly and an interim government. Crucially, the mission did not propose the immediate partition of India, which occurred later under different plans.

38. (A) 1 and 2 only
The Indian National Army was initially organized by Captain Mohan Singh with the help of Japanese forces. Subhas Chandra Bose later took command in Singapore and revitalized the army to fight for India's freedom. Contrary to some misconceptions, the INA fought against the British forces during World War II, aiming to liberate India from colonial rule with the support of the Axis powers.

39. (D) It was seen as the only way to end the escalating communal violence.
The Indian National Congress eventually accepted the Mountbatten Plan, which included the partition of India, despite their long-standing commitment to a united nation. This difficult decision was primarily driven by the escalating and brutal communal violence across the country. Leaders believed that accepting partition was the only way to prevent further bloodshed and ensure a peaceful transition of power to Indian hands.

40. (A) Aruna Asaf Ali — Quit India Movement
Aruna Asaf Ali is famously remembered for her heroic role during the Quit India Movement in 1942. She hoisted the Indian National Flag at the Gowalia Tank maidan in Bombay after the arrest of major Congress leaders. Her act of defiance became a powerful symbol of the movement's resilience. Other figures like Sarojini Naidu were active in different phases of the freedom struggle.

41. (B) P-3, Q-1, R-4, S-2
The Government of India Act 1858 created the office of the Secretary of State. The Morley-Minto Reforms of 1909 introduced separate communal electorates for Muslims. The Montagu-Chelmsford Reforms of 1919 established the system of dyarchy in the provinces. Finally, the Government of India Act 1935 provided for the separation of Burma from India and proposed a federal structure for the country.

42. (B) The office of the Secretary of State for India was to be continued.
The Indian Independence Act of 1947 marked the formal end of British rule in India. It provided for the creation of two independent dominions, India and Pakistan, and terminated British suzerainty over the princely states. A key provision of the Act was the abolition of the office of the Secretary of State for India, as the British government relinquished all administrative control.

43. (A) Lack of unified leadership and a common plan of action.
The 1857 Revolt failed to overthrow British rule primarily because it lacked a centralized leadership and a cohesive national plan. Although various leaders fought valiantly in their respective regions, their efforts were often uncoordinated and driven by local grievances. Additionally, many sections of Indian society, including several princely states and the educated middle class, did not support the uprising against the British.

44. (A) 1 and 2 only
The Partition of India in 1947 was deeply influenced by the Two-Nation Theory promoted by the Muslim League. To define the new borders between India and Pakistan, the Radcliffe Line was drawn by a boundary commission. Contrary to being peaceful, the partition was

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accompanied by horrific communal riots and the mass migration of millions of people, leading to a major humanitarian crisis.

45. (D) Aruna Asaf Ali
During the Quit India Movement in August 1942, the British government arrested almost all top-ranking Congress leaders. In their absence, Aruna Asaf Ali displayed remarkable courage by hoisting the national flag at the Gowalia Tank maidan in Bombay. This act served as a signal for the commencement of the movement and inspired countless others to join the struggle for immediate independence.

46. (C) Protest against the Bengal partition and promote local industry.
The Swadeshi Movement was a direct response to the British decision to partition Bengal in 1905. Its main objectives were to register a strong protest against this divisive policy and to promote Indian economic self-sufficiency. By encouraging the use of domestic products and boycotting foreign goods, the movement aimed to hurt British commercial interests and foster a spirit of national pride.

47. (B) It was welcomed with black flags and the slogan "Simon Go Back".
The Simon Commission arrived in India in 1928 to study constitutional progress. Because it contained no Indian members, it was met with widespread hostility and mass protests. People across the country greeted the commission with black flags and the resounding slogan "Simon Go Back." These demonstrations reflected the deep-seated anger of Indians against being excluded from deciding their own constitutional future.

48. (D) The revolt was successfully coordinated across all of South India.
The Revolt of 1857 was characterized by significant events such as Mangal Pandey's defiance at Barrackpore and the proclamation of Bahadur Shah Zafar as Emperor. However, the uprising was largely confined to Northern and Central India. It failed to gain substantial momentum or coordination in South India, which remained generally peaceful. This regional limitation was one of the major reasons for its suppression.

49. (A) Chauri Chaura — Madhya Pradesh
The Chauri Chaura incident, which took place in February 1922, was a significant event in the Indian freedom struggle that led to the withdrawal of the Non-Cooperation Movement. This incident actually occurred in the Gorakhpur district of Uttar Pradesh, not Madhya Pradesh. Other locations like Champaran in Bihar and Kheda or Dandi in Gujarat are correctly associated with their respective historical events.

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50. (C) Official recognition of the Congress by the British Crown.
The Government of India Act 1858 transformed Indian administration by ending East India Company rule and establishing direct Crown control. It created the post of Secretary of State and gave the Governor-General the additional title of Viceroy. However, the Indian National Congress was not founded until 1885, so the 1858 Act could not have provided any official recognition to that organization.

51. (A) Ideological conflict between the Moderates and Extremists.
The Surat Split of 1907 was the result of deep-seated ideological differences within the Indian National Congress. The Moderates believed in constitutional methods and gradual reforms, while the Extremists advocated for more radical actions like mass boycotts and passive resistance. These conflicting approaches to the nationalist struggle eventually led to a formal break between the two factions during the Surat session of the party.

52. (C) Both statements are correct.
The Rowlatt Act was pushed through the Imperial Legislative Council in 1919 despite the unanimous opposition of Indian members. Mahatma Gandhi, recognizing the grave threat to civil liberties, organized the Rowlatt Satyagraha. This was the first truly all-India struggle initiated by Gandhi, marking a significant shift in the nationalist movement towards mass mobilization and active resistance against oppressive British colonial legislation.

53. (B) Holding onto truth through non-violent means.
For Mahatma Gandhi, Satyagraha was much more than just a political tactic; it was a moral

philosophy. The term literally means "insistence on truth" or "truth-force." It involves the use of non-violent resistance to oppose injustice and transform the opponent's heart. Gandhi believed that a satyagrahi must be prepared to suffer personally without retaliation to achieve a just and truthful goal.

54. (C) Annexation of states whose rulers died without a natural heir.
The Doctrine of Lapse was a controversial annexation policy used by the British East India Company under Lord Dalhousie's leadership. It allowed the British to take control of any princely state if its ruler died without a direct biological male heir. This policy caused great resentment among Indian rulers, as it denied them the traditional right to name an adopted son as successor.

55. (D) Lala Lajpat Rai
Lala Lajpat Rai was a prominent leader of the Indian independence movement and was popularly known as 'Sher-e-Punjab' or the Lion of Punjab. He was a member of the famous 'Lal-Bal-Pal' trio of extremist leaders. Rai played a crucial role in protests against the Simon Commission and tragically died from injuries sustained during a police lathi charge in Lahore in 1928.

56. (A) Ali brothers protesting the treatment of the Ottoman Caliph.
The Khilafat Movement was launched by Indian Muslims, led by the Ali brothers, to protest against the harsh treatment of the Ottoman Empire after World War I. They sought to protect the position of the Sultan of Turkey as the Caliph of Islam. Mahatma Gandhi supported this movement and linked it with the Non-Cooperation Movement to forge greater unity between religious communities.

57. (B) Only women were allowed to participate in the march.
The Dandi March was a monumental event in the Civil Disobedience Movement, led by Mahatma Gandhi to protest the British salt tax. It began at Sabarmati Ashram and ended in Dandi. While many women eventually joined the movement and played significant roles in picketing, the march itself was not restricted to women. In fact, Gandhi initially chose seventy-eight male followers to accompany him.

58. (B) Subhas Chandra Bose — "Give me blood, and I shall give you freedom"
Subhas Chandra Bose famously used the slogan "Give me blood, and I shall give you freedom" to inspire Indians to join the Indian National Army. Other slogans are often misattributed in this context; Bal Gangadhar Tilak declared "Swaraj is my birthright," while Mahatma Gandhi gave the call to "Do or Die" during the Quit India Movement in August 1942.

59. (A) 1942 — Cabinet Mission
The Cabinet Mission was sent to India by the British government in 1946, not 1942, to discuss the transfer of power and the constitutional future of the country. In 1942, the Cripps Mission had visited India, which eventually failed and led to the Quit India Movement. Other events like the Lucknow Pact and the First Round Table Conference are correctly dated.

60. (C) Release of all political prisoners not convicted of violence.
The Gandhi-Irwin Pact of 1931 was an agreement that led to the temporary suspension of the Civil Disobedience Movement. A primary outcome was the British government's commitment to release all political prisoners who had not been convicted of violence. In return, the Congress agreed to participate in the Second Round Table Conference to discuss constitutional reforms, although the pact did not grant independence.

61. (A) Both A and R are true and R is the correct explanation of A.
In 1939, the British government unilaterally declared India's participation in World War II without consulting the provincial ministries or Indian political leaders. In protest against this blatant disregard for Indian opinion and democratic principles, the Congress ministries in all eight provinces where they held power resigned. This event marked a significant breakdown in cooperation between the nationalist movement and the British administration.

62. (C) Annie Besant
Annie Besant, a prominent social reformer and leader of the Home Rule Movement, became

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the first woman to preside over a session of the Indian National Congress in 1917. Her presidency in Calcutta marked a historic moment for the organization. Later, Sarojini Naidu became the first Indian woman to hold this prestigious position during the Kanpur session of the Congress in 1925.

63. (C) Both statements are correct.
The British government appointed the Simon Commission in 1927, two years earlier than the scheduled ten-year review required by the 1919 Act. This was largely due to political considerations in Britain. Although the commission was boycotted by Indians, its comprehensive report eventually served as a primary basis for the drafting and subsequent passage of the landmark Government of India Act in 1935.

64. (D) Establishing the office of the Indian High Commissioner in London.
The Government of India Act 1935 introduced major reforms including provincial autonomy, the abolition of diarchy in provinces, and the establishment of a Federal Court. It also introduced direct elections for certain legislatures. However, the office of the High Commissioner for India in London had already been created earlier by the Government of India Act 1919, rather than being a new feature.

65. (A) Nana Saheb — Disappeared after the fall of Kanpur.
Nana Saheb was a key leader of the 1857 Revolt in Kanpur. After the British recaptured the city, he famously disappeared, and his ultimate fate remains a historical mystery, with many believing he escaped to Nepal. In contrast, Rani Laxmibai died fighting on the battlefield, while Tantia Tope was eventually captured and executed by the British after being betrayed by a companion.

66. (C) To assert the right to free speech against the war.
Mahatma Gandhi launched the Individual Satyagraha in 1940 to protest against India's forced involvement in World War II without its consent. The primary objective was to assert the fundamental right of Indians to free speech, specifically the right to speak out against the war and British imperialist policies. This limited form of protest was intended to show Indian discontent without disrupting the war effort.

67. (A) Use of revolutionary terrorism and assassinations.
The Moderates, who led the Indian National Congress in its early years, strictly adhered to constitutional and peaceful methods. They focused on educating public opinion, submitting petitions to the British Parliament, and organizing meetings to pass resolutions. They believed in the British sense of justice and avoided any form of revolutionary terrorism or violent activities, which were later adopted by more radical groups.

68. (D) P-3, Q-1, R-4, S-2
In the context of Indian history, the Communal Award referred to the provision of separate electorates for different communities. Dyarchy was a system of "double government" introduced in the provinces. Swadeshi emphasized the use of goods produced within one's own country to promote economic self-reliance. Satyagraha, developed by Gandhi, was a method of non-violent resistance based on the principles of truth.

69. (B) Bombay
The Indian National Congress was officially established in December 1885. Its first session was originally planned for Poona, but due to a cholera outbreak in that city, the venue was shifted to Bombay. The meeting took place at Gokuldas Tejpal Sanskrit College, where seventy-two delegates gathered to form the organization that would lead the movement for Indian representation and eventual independence.

70. (A) Both A and R are true and R is the correct explanation of A.
The Swadeshi Movement marked a significant turning point as it saw the first large-scale participation of women in the Indian political struggle. Women stepped out of their homes to support the national cause by organizing and participating in the picketing of shops that sold foreign-made cloth and liquor. Their involvement added a new dimension to the movement and demonstrated the widespread reach of nationalism.

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71. (D) It moved the date of independence forward to August 15, 1947.
Lord Mountbatten, the last Viceroy of India, proposed a plan in June 1947 that outlined the partition of the country into India and Pakistan. A crucial aspect of this plan was moving the date for the transfer of power forward to August 15, 1947, much earlier than the previous deadline. This acceleration was intended to address the rapidly deteriorating communal situation.

72. (A) Hasrat Mohani
The famous slogan "Inquilab Zindabad," which means "Long Live the Revolution," was originally coined by the Urdu poet and freedom fighter Hasrat Mohani in 1921. While the slogan was later popularized throughout India by Bhagat Singh and his comrades in the Hindustan Socialist Republican Association, the credit for its creation belongs to Mohani, who was also a prominent leader in the Congress.

73. (C) Both statements are correct.
The Cabinet Mission Plan of 1946 proposed a complex administrative structure where provincial assemblies would be grouped into three sections to address communal concerns. Initially, both the Indian National Congress and the Muslim League accepted the plan, albeit with different interpretations. However, the Muslim League later withdrew its acceptance after disagreements over the compulsory nature of the grouping and the long-term constitutional outlook.

74. (B) Sardar Patel — Grand Old Man of India
Sardar Vallabhbhai Patel is widely known as the 'Iron Man of India' for his role in integrating the princely states. The title 'Grand Old Man of India' belongs to Dadabhai Naoroji, a respected moderate leader and economist who was the first Indian to be elected to the British House of Commons. Other titles like 'Frontier Gandhi' for Khan Abdul Ghaffar Khan are correct.

75. (A) The Congress formed ministries in a majority of the provinces.
The provincial elections of 1937 were held under the provisions of the Government of India Act 1935. The Indian National Congress achieved a sweeping victory, winning a clear majority in five provinces and emerging as the largest party in others. Consequently, the Congress formed ministries in eight out of eleven provinces, marking their first major experience in exercising significant administrative power.

76. (A) Both A and R are true and R is the correct explanation of A.
The Jallianwala Bagh massacre of 1919 profoundly impacted Mahatma Gandhi's worldview and his relationship with the British authorities. Before this event, he had generally believed in the possibility of cooperating with the government for reforms. However, the brutality of the massacre convinced him that the British administration was fundamentally "satanic" and immoral, leading him to launch the Non-Cooperation Movement for freedom.

77. (D) It was strictly non-violent throughout the country.
The Quit India Movement was characterized by its spontaneous nature and the emergence of local leadership after the top Congress officials were arrested. In many parts of India, parallel governments were established by the people. While Gandhi called for non-violence, the movement saw widespread incidents of violence, including attacks on government property and communications, as public anger erupted against the oppressive colonial administration.

78. (C) Subhas Chandra Bose
Subhas Chandra Bose founded the All India Forward Bloc in 1939 as a faction within the Indian National Congress. This occurred after he resigned from the Congress presidency due to ideological differences with Mahatma Gandhi and other moderate leaders. Bose intended for the Forward Bloc to be a radical wing that would actively push for immediate and complete independence from British colonial rule.

79. (B) P-2, Q-1, R-4, S-3
Several influential books were written by leaders of the Indian freedom struggle. Mahatma Gandhi authored "Hind Swaraj," outlining his vision for self-rule. Jawaharlal Nehru wrote "The Discovery of India" while imprisoned. Rabindranath Tagore was awarded the Nobel Prize for his collection of poems, "Gitanjali." Lala Lajpat Rai wrote "Unhappy India" to provide a detailed critique of British colonial policies.

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Patel led this movement with great skill and discipline, earning him the title 'Sardar' from the people. While other leaders were associated with different satyagrahas, the Patel-Bardoli pairing is a defining moment in his career and the freedom struggle.

99. (A) Ministries were made accountable to the provincial legislature.
Under the Government of India Act 1935, 'Provincial Autonomy' meant that the provinces were given a greater degree of self-governance. The previously existing system of diarchy was replaced by a system where popular ministries, responsible to the provincial legislatures, were in charge of provincial departments. However, the Governor still retained certain special powers, meaning the autonomy was significant but not absolute.

100. (D) Clement Attlee
Clement Attlee was the Prime Minister of the United Kingdom when India achieved its independence in 1947. As the leader of the Labour Party, which had come to power in 1945, he oversaw the process of decolonization in South Asia. Attlee made the historic announcement in the British Parliament regarding the intention to transfer power, leading to the Indian Independence Act.

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report instead proposed joint electorates with reservation of seats for minorities. Jinnah argued that this system would not adequately protect the political interests of Muslims, leading him to formulate his famous Fourteen Points as counter-proposals.

90. (B) P-1, Q-2, R-3, S-4
These key events in the Indian freedom struggle occurred at different stages. The Simon Commission arrived in India in early 1928, sparking massive protests. The Second Round Table Conference, attended by Mahatma Gandhi, took place in London in 1931. The Poona Pact was signed in 1932 to resolve representation issues. Finally, the Quit India Resolution was passed in 1942, launching the final struggle.

91. (A) Sarojini Naidu
Sarojini Naidu, a renowned poet and dedicated freedom fighter, presided over the Kanpur session of the Indian National Congress in 1925. This made her the first Indian woman to hold the position of Congress President. Known for her eloquence and leadership, she played a vital role in mobilizing women and represented the growing importance of female leaders within the national movement.

92. (C) Both statements are correct.
The massive uprising of 1857 officially began on May 10, 1857, when Indian sepoys at Meerut rebelled against their British officers. After the outbreak, the mutinous soldiers marched toward Delhi, where they arrived the following day. They quickly seized the city and proclaimed the aged Mughal ruler, Bahadur Shah II, as the Emperor of Hindustan, providing a symbolic center for rebellion.

93. (D) The Drain of Wealth from India to Britain.
One of the fundamental economic causes of the 1857 Revolt was the systematic "Drain of Wealth" from India to Britain. This process involved the transfer of Indian resources and revenues to benefit the British economy, leaving India impoverished. The exploitation of farmers through high taxes and the destruction of local industries created deep resentment among diverse social groups, contributing to the uprising.

94. (C) V.D. Savarkar
Vinayak Damodar Savarkar, along with his brother Ganesh Savarkar, founded the secret society known as Abhinav Bharat in 1904. Originally established as Mitra Mela, the organization aimed to overthrow British rule through revolutionary means, including armed struggle and secret activities. Savarkar believed that revolutionary violence was necessary to liberate India, and his society influenced many young nationalists to join the cause.

95. (A) Both A and R are true and R is the correct explanation of A.
After the 1857 Revolt, the British government realized that the remarkable unity shown by Hindus and Muslims posed a severe threat to their colonial rule. To prevent such collaboration in the future, they deliberately adopted a policy of 'Divide and Rule'. This strategy involved fostering communal differences and encouraging separate political identities, which eventually had long-term consequences for the social fabric.

96. (D) Immediate end to British rule demanded from its first session.
The Indian National Congress, founded in 1885 during Lord Dufferin's viceroyalty, was the first all-India political organization. Its inaugural session was attended by seventy-two delegates. However, the organization did not demand an immediate end to British rule in its early years. Instead, the early Congress members sought constitutional reforms and greater Indian participation in the administration through moderate and peaceful means.

97. (A) First to hoist the Indian revolutionary flag in a foreign land.
Madame Bhikaiji Cama was a pioneering figure in the Indian independence movement. She is best known for hoisting the first version of the Indian national flag at the International Socialist Congress in Stuttgart, Germany, in 1907. Her act was a bold statement of India's desire for freedom on a global stage. Cama spent much of her life working to gain international support.

98. (C) Bardoli Satyagraha — Vallabhbhai Patel
The Bardoli Satyagraha of 1928 was a successful non-violent protest by farmers against a significant increase in land revenue. Vallabhbhai

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and police led to the death of several policemen. Shocked by this departure from non-violence, Mahatma Gandhi immediately suspended the Non-Cooperation Movement. He did not intensify the struggle but rather believed that the country was not yet ready for a mass movement based on the principle of ahimsa.

27. (A) 1-2-4-3
The Simon Commission was appointed in 1927 to review constitutional reforms. In response, the Nehru Report was prepared in 1928 to outline an Indian-made constitution. The Dandi March was launched by Gandhi in March 1930 to initiate the Civil Disobedience Movement. Finally, the Gandhi-Irwin Pact was signed in March 1931, leading to the temporary suspension of the civil disobedience campaign.

28. (A) 1 and 2 only
The Nehru Report was the first major attempt by Indians to draft a constitution for their country. It primarily demanded Dominion Status within the British Empire and proposed a federal structure with a strong center. Crucially, the report rejected the system of separate electorates for minorities, advocating instead for joint electorates with reservation of seats, which caused significant political disagreement at that time.

29. (D) Dandi March start date — March 12, 1930.
The Dandi March, which marked the beginning of the Civil Disobedience Movement, commenced on March 12, 1930. Mahatma Gandhi and seventy-eight followers walked approximately 240 miles from Sabarmati Ashram to the coastal village of Dandi. The journey concluded on April 6, 1930, when Gandhi ceremonially broke the salt law, sparking a nationwide movement against the British monopoly on salt production.

30. (A) Both A and R are true and R is the correct explanation of A.
The Simon Commission was established by the British government to examine the effects of the 1919 reforms and suggest further changes. However, it was composed entirely of British members, with no Indian representation. This exclusion was seen as a grave insult to Indian self-respect, leading nearly all political parties in India to boycott the commission and protest its arrival.

31. (B) Lahore Session 1929
The Lahore Session of the Indian National Congress, held in December 1929 under the presidency of Jawaharlal Nehru, was a landmark event. It was during this session that the Congress officially passed the resolution for Purna Swaraj, or complete independence. The Congress also decided to launch the Civil Disobedience Movement and declared January 26, 1930, as the first Independence Day.

32. (D) Mahatma Gandhi attended the Second Round Table Conference.
Three Round Table Conferences were held in London between 1930 and 1932 to discuss constitutional reforms in India. The Indian National Congress boycotted the first and third sessions. However, following the Gandhi-Irwin Pact, Mahatma Gandhi attended the Second Round Table Conference in 1931 as the sole representative of the Congress. Unfortunately, the conference failed to reach an agreement on communal issues.

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33. (A) P-4, Q-1, R-2, S-3
The Gandhi-Irwin Pact was signed between Lord Irwin and Mahatma Gandhi in 1931. The Poona Pact of 1932 was an agreement between B.R. Ambedkar and Gandhi regarding representation for depressed classes. The Mountbatten Plan involved negotiations between the last Viceroy and Indian political leaders. The Cabinet Mission included British ministers like Pethick-Lawrence and Stafford Cripps who proposed a new constitutional framework.

34. (C) Both statements are correct.
The Poona Pact was signed in September 1932 to resolve the deadlock over the Communal Award. Under this agreement, the proposal for separate electorates for the depressed classes was abandoned in favor of joint electorates. In exchange, the number of reserved seats for these classes in provincial legislatures was significantly increased, providing them with more substantial representation than originally proposed.

35. (A) Diarchy at the Center — Abolished
The Government of India Act 1935 introduced significant changes to the administrative structure. It abolished diarchy in the provinces and replaced it with provincial autonomy.

CHAPTER 17

Integration of Princely States and State Reorganization

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1. At the time of Indian independence, approximately how many princely states were there in the Indian subcontinent?
(A) 465
(B) 565
(C) 665
(D) 765

2. Which legal document was used by the heads of princely states to formally join the Union of India?
(A) Declaration of Independence
(B) Treaty of Versailles
(C) Instrument of Accession
(D) Memorandum of Association

3. Which of the following statements regarding the status of princely states at independence is INCORRECT?
(A) Automatic merger under the 1947 Act.
(B) Legal provision to join the Union of India.
(C) Provision allowing for accession to Pakistan.
(D) Political right to maintain independence.

4. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Sardar Vallabhbhai Patel is known as the "Iron Man of India."
Reason (R): He played a decisive role in the political integration of princely states into the Indian Union.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

5. Which political leader served as the Secretary of the Ministry of States and assisted Sardar Patel in the integration process?
(A) C. Rajagopalachari
(B) V.P. Menon
(C) B.R. Ambedkar
(D) Maulana Azad

6. Which method was primarily used to integrate the princely state of Junagadh into India?
(A) Police Action
(B) International Arbitration
(C) Plebiscite
(D) Direct Annexation

7. Match List-I with List-II and select the correct answer using the codes given below:
List I: (Princely State)
P. Hyderabad
Q. Junagadh
R. Kashmir
S. Sikkim
List II: (Integration Method/Event)
1. Plebiscite
2. Police Action
3. 22nd State of India
4. Instrument of Accession
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

8. Under which name was the military operation to integrate Hyderabad into the Indian Union known?
(A) Operation Polo
(B) Operation Vijay
(C) Operation Meghdoot
(D) Operation Blue Star

ANSWERS

1. (B) 565
During the period of Indian independence in 1947, the subcontinent consisted of British-governed provinces and numerous princely states under British suzerainty. These states, numbering roughly five hundred and sixty-five, were granted the choice to join India, Pakistan, or remain independent. Their integration was essential for the territorial integrity and unified governance of the new Indian nation.

2. (C) Instrument of Accession
The legal framework for the integration of princely states into the Indian Union was provided by a specific legal document. This treaty allowed rulers of various kingdoms to cede certain powers, such as defense, external affairs, and communications, to the central government. Its implementation ensured a smooth transition from semi-autonomous rule to becoming integral parts of independent India.

3. (A) Automatic merger under the 1947 Act.
The Indian Independence Act of 1947 did not mandate the automatic merger of princely states into either India or Pakistan. Instead, British suzerainty lapsed, leaving rulers with three specific legal choices. They could choose to join the Indian Union, opt for the Dominion of Pakistan, or theoretically maintain their independence. Integration required active legal and political negotiation with each state.

4. (A) Both A and R are true and R is the correct explanation of A.
Sardar Vallabhbhai Patel is celebrated for his foundational role in building modern India after 1947. His title reflects his unwavering determination and strategic skill in unifying hundreds of disparate territories. By convincing various rulers to join the Union through diplomacy and pressure, he prevented the fragmentation of the country, making his contribution central to his historic reputation.

5. (B) V.P. Menon
A senior civil servant played a pivotal role as the administrative architect of India's political unification. Working closely with the Ministry of States, he managed the complex negotiations and legal drafting required for the Instrument of Accession. His technical expertise and close coordination with political leadership were indispensable in successfully integrating hundreds of semi-independent kingdoms into the new Union.

6. (C) Plebiscite
The integration of Junagadh was unique due to the ruler's initial desire to join Pakistan despite a majority Hindu population. After the Nawab fled following internal unrest, the Indian government took control of the administration. To ensure democratic legitimacy, a public vote was conducted in early 1948, where the overwhelming majority of citizens chose to become part of India.

7. (A) P-2, Q-1, R-4, S-3
Different territories joined the Indian Union through distinct historical processes during the integration phase. Hyderabad was incorporated following military intervention, while Junagadh's status was settled through a direct public vote. Jammu and Kashmir entered via a signed legal treaty during an invasion crisis. Finally, Sikkim became a full state much later through a constitutional amendment and popular demand.

8. (A) Operation Polo
The integration of Hyderabad involved a military intervention in September 1948 following the Nizam's refusal to join India and the rise of local unrest. This action was codenamed after the numerous polo grounds found in the city at the time. The swift operation led to the surrender of the Nizam's forces, ensuring the state's total integration into the Union.

9. (A) I and II only
The accession of Jammu and Kashmir was precipitated by a tribal invasion from the west, which threatened the state's security. In response,

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(C) Rajasthan
(D) Goa

20. Match List-I (State) with List-II (Year of Formation) and select the correct answer:
List I: (State)
P. Haryana
Q. Meghalaya
R. Sikkim
S. Telangana
List II: (Year of Formation)
1. 1972
2. 1966
3. 2014
4. 1975
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

21. In which year was the state of Nagaland formally created?
(A) 1960
(B) 1961
(C) 1963
(D) 1966

22. Which state was carved out of Punjab in 1966 to satisfy the demands of Hindi speakers?
(A) Himachal Pradesh
(B) Uttarakhand
(C) Haryana
(D) Delhi

23. Which of the following states was NOT part of the reorganization that occurred in 1972?
(A) Manipur
(B) Tripura
(C) Meghalaya
(D) Mizoram

24. Sikkim became the _____ state of the Indian Union in 1975.
(A) 20th
(B) 21st
(C) 22nd
(D) 23rd

25. In 1987, which of the following territories was granted full statehood?
(A) Sikkim
(B) Goa
(C) Nagaland
(D) Manipur

26. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The States Reorganization Act was passed in 1956.
Reason (R): It aimed to reorganize state boundaries primarily on linguistic lines to ensure administrative convenience.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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27. Which state was formed on February 20, 1987, alongside Mizoram?
(A) Arunachal Pradesh
(B) Nagaland
(C) Meghalaya
(D) Tripura

28. In the year 2000, which state was carved out of Madhya Pradesh?
(A) Jharkhand
(B) Uttarakhand
(C) Chhattisgarh
(D) Telangana

29. Which state was created in the year 2000 from the hilly regions of Uttar Pradesh?
(A) Himachal Pradesh
(B) Jharkhand
(C) Chhattisgarh
(D) Uttarakhand

30. Jharkhand was established as a separate state in 2000 by separating from which state?
(A) West Bengal
(B) Odisha
(C) Bihar
(D) Uttar Pradesh

31. Read the following statements regarding the formation of Telangana:
I. It was created as the 29th state of India.

II. It was carved out of the state of Andhra Pradesh.
III. It was officially formed on June 2, 2014.
Which of the above statements are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

32. What is the current status of Jammu and Kashmir following the Reorganization Act of 2019?
(A) Status of a single Union Territory
(B) State status with special provisions
(C) Territorial part of Himachal Pradesh
(D) Two separate Union Territories

33. Which of the following is NOT one of the three options provided to princely states by the Indian Independence Act of 1947?
(A) Accession to the British Crown
(B) Accession to India
(C) Accession to Pakistan
(D) Maintaining a status of independence

34. The princely state of Travancore is located in which modern-day Indian state?
(A) Tamil Nadu
(B) Karnataka
(C) Kerala
(D) Andhra Pradesh

35. Which of the following pairs is INCORRECTLY matched?
(A) Operation Polo — Junagadh
(B) Potti Sriramulu — Andhra Pradesh
(C) Fazl Ali — SRC 1953
(D) V.P. Menon — Ministry of States

36. Which of the following best describes the "Instrument of Accession"?
(A) Economic and commercial treaty between princely states.
(B) Primary governing constitution for the princely states.
(C) Formal tax and revenue agreement with the British.
(D) Document to join the Union of India or Pakistan.

37. Which state was integrated into India after a plebiscite was conducted in February 1948?
(A) Hyderabad
(B) Junagadh
(C) Kashmir
(D) Mysore

38. Which major princely state in South India signed the Instrument of Accession and later became a Part B state in 1950?
(A) Coorg
(B) Madras
(C) Mysore
(D) Pondicherry

39. Match List-I (Event) with List-II (Year) and select the correct answer:
List I: (Event)
P. Formation of Andhra State
Q. States Reorganization Act
R. Formation of Jharkhand
S. Formation of Gujarat
List II: (Year)
1. 1956
2. 1953
3. 1960
4. 2000
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-4, S-1

40. What was the primary basis for the reorganization of states under the 1956 Act?
(A) Language
(B) Religion
(C) Topography
(D) Economic status

41. Which Union Territory was elevated to statehood in 1971, just before the major reorganization of 1972?
(A) Manipur
(B) Himachal Pradesh
(C) Goa
(D) Tripura

42. How many Union Territories were initially created by the States Reorganization Act of 1956?
(A) 5

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(B) 6
(C) 7
(D) 9

43. Which leader's death led to the immediate announcement of the formation of Andhra State?
(A) Potti Sriramulu
(B) Tanguturi Prakasam
(C) Kandukuri Veeresalingam
(D) Neelam Sanjiva Reddy

44. Which of the following states was NOT a part of the original 14 states created in 1956?
(A) Rajasthan
(B) Kerala
(C) Nagaland
(D) Uttar Pradesh

45. The princely state of Cochin is now part of which Indian state?
(A) Karnataka
(B) Tamil Nadu
(C) Maharashtra
(D) Kerala

46. Which of the following states is considered the 22nd state of India?
(A) Meghalaya
(B) Mizoram
(C) Sikkim
(D) Goa

47. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): In 2019, the state of Jammu and Kashmir was reorganized into two Union Territories.
Reason (R): The two newly created Union Territories are Jammu & Kashmir and Ladakh.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

48. Which among the following is a major challenge faced during the process of state reorganization in India?
(A) Achieving total linguistic uniformity
(B) Complete lack of national political parties
(C) Significant excess of administrative staff
(D) Regional demands and disparities

49. Which state was formed on the same day as Jharkhand and Chhattisgarh in November 2000?
(A) Uttarakhand
(B) Telangana
(C) Goa
(D) Haryana

50. The Shah Commission was associated with the reorganization of which of the following states in 1966?
(A) Bombay
(B) Assam
(C) Punjab
(D) Madras

51. Which of the following was NOT a core reason for the integration of princely states?
(A) Promotion of monarchy
(B) National security
(C) Territorial integrity
(D) Uniform administration

52. Read the following statements about the States Reorganization Commission (1953):
I. It was chaired by Fazl Ali.
II. It recommended the creation of states based solely on historical boundaries.
III. Its recommendations led to the States Reorganization Act of 1956.
Which of the above statements are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

53. Which of the following states was formed in 1987 along with Arunachal Pradesh and Goa?
(A) Manipur
(B) Mizoram
(C) Tripura
(D) Meghalaya

(C) Telangana
(D) Chhattisgarh

77. Which of the following is the most appropriate reason for the delay in the integration of Goa?
(A) It was under British rule.
(B) It was under French rule.
(C) The local population wanted independence.
(D) It was under Portuguese rule.

78. Which of the following was a demand of the "Vishalandhra" movement?
(A) A separate state for Kannada speakers.
(B) A separate state for Malayalam speakers.
(C) A separate state for Telugu speakers.
(D) A separate state for Marathi speakers.

79. The JVP Committee (Jawaharlal Nehru, Vallabhbhai Patel, Pattabhi Sitaramayya) was formed to:
(A) Draft the final version of the Constitution.
(B) Review linguistic reorganization of states.
(C) Integrate the princely state of Hyderabad.
(D) Plan the implementation of the first five-year plan.

80. Which of the following states was created on November 15, 2000?
(A) Chhattisgarh
(B) Uttarakhand
(C) Telangana
(D) Jharkhand

81. Match List-I (Commission/Committee) with List-II (Purpose) and select the correct answer:
List I: (Commission/Committee)
P. Dhar Commission
Q. Fazl Ali Commission
S. Shah Commission
T. JVP Committee
List II: (Purpose)
1. Reorganization of Punjab (1966)
2. Linguistic Provinces Commission (1948)
3. States Reorganization Commission (1953)
4. Review of Dhar Commission Report
(A) P-2, Q-3, S-1, T-4
(B) P-1, Q-2, S-3, T-4
(C) P-4, Q-3, S-2, T-1
(D) P-2, Q-4, S-1, T-3

82. Which of the following states was NOT created in 2000?
(A) Chhattisgarh
(B) Uttarakhand
(C) Mizoram
(D) Jharkhand

83. Which of the following identifies the correct pair of states formed in 1987?
(A) Mizoram and Arunachal Pradesh
(B) Manipur and Tripura
(C) Haryana and Himachal Pradesh
(D) Gujarat and Maharashtra

84. What was the status of Sikkim before it became a full-fledged state of India?
(A) A British Province
(B) A Union Territory
(C) A part of West Bengal
(D) An Associate State

85. Which of the following is an exception to the linguistic basis of state reorganization?
(A) Andhra Pradesh
(B) Chandigarh (as a UT)
(C) Gujarat
(D) Punjab

86. Which Union Territory was reorganized into two UTs by the 2019 Act?
(A) Daman and Diu
(B) Andaman and Nicobar
(C) Jammu and Kashmir
(D) Dadra and Nagar Haveli

87. Who was the ruler of Jammu and Kashmir at the time of accession?
(A) Maharaja Gulab Singh
(B) Maharaja Karan Singh
(C) Sheikh Abdullah
(D) Maharaja Hari Singh

88. Which state was formed on November 1, 2000?
(A) Chhattisgarh
(B) Uttarakhand
(C) Jharkhand
(D) Telangana

89. Which of the following is the most appropriate description of the role of Sardar Patel in integration?

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(C) Arunachal Pradesh
(D) Chhattisgarh

66. What was the primary reason for the formation of Gujarat and Maharashtra in 1960?
(A) Ongoing religious conflict within the Bombay region.
(B) Administrative inefficiency in managing the large state.
(C) Linguistic divide between Gujarati and Marathi.
(D) Increasing demand for separate tribal autonomous zones.

67. Which of the following was NOT a challenge in the integration of Kashmir?
(A) India refused to sign the Instrument of Accession.
(B) Ruler was Hindu while the majority population was Muslim.
(C) Pakistan-supported tribal invasion to capture territory.
(D) The Maharaja's desire to remain an independent kingdom.

68. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The state of Telangana was formed in 2014.
Reason (R): It was the result of a long-standing demand for a separate state from the Telangana region of Andhra Pradesh.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

69. Which of the following pairs is correctly matched?
(A) 1966 — Gujarat
(B) 1963 — Nagaland
(C) 1972 — Sikkim
(D) 1987 — Jharkhand

70. The "Operation Polo" resulted in the surrender of the forces of which ruler?
(A) Maharaja of Kashmir
(B) Nawab of Junagadh
(C) Nizam of Hyderabad
(D) Raja of Travancore

71. Which of the following states is currently NOT a Union Territory?
(A) Ladakh
(B) Puducherry
(C) Chandigarh
(D) Goa

72. Who was the last Nawab of Junagadh who fled to Pakistan?
(A) Muhammad Mahabat Khan III
(B) Mir Osman Ali Khan
(C) Hari Singh
(D) Hamidullah Khan

73. Read the following statements regarding the 1956 Reorganization Act:
I. It was the 7th Constitutional Amendment Act.
II. It created 14 States and 6 Union Territories.
III. It completely ignored the linguistic principle.
Which of the above statements are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

74. Which state was formed to protect the distinct cultural identity of the Naga tribes?
(A) Manipur
(B) Nagaland
(C) Mizoram
(D) Tripura

75. The states of Manipur and Tripura were upgraded from Union Territories to states in which year?
(A) 1971
(B) 1972
(C) 1975
(D) 1987

76. Which state is often referred to as the "29th state" even though the current number of states is 28?
(A) Jharkhand
(B) Uttarakhand

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54. The term "Police Action" is specifically associated with the integration of:
(A) Junagadh
(B) Kashmir
(C) Hyderabad
(D) Bhopal

55. Arrange the following states in the order of their entry into the Union of India as full states (earliest first):
1. Sikkim
2. Goa
3. Manipur
4. Nagaland
(A) 4-3-1-2
(B) 4-1-3-2
(C) 3-4-1-2
(D) 1-4-3-2

56. Which of the following was the status of Jammu and Kashmir at the time of the 1947 partition?
(A) Independent princely state
(B) Part of Pakistan
(C) Part of India
(D) British Province

57. Which of the following states was created by the reorganization of Assam in 1972?
(A) Nagaland
(B) Meghalaya
(C) Arunachal Pradesh
(D) Sikkim

58. What was the number of states and Union Territories in India immediately after the 1956 reorganization?
(A) 14 states, 5 UTs
(B) 14 states, 6 UTs
(C) 15 states, 7 UTs
(D) 28 states, 8 UTs

59. Which among the following was a princely state that initially opted to stay independent but later faced internal rebellion leading to a plebiscite?
(A) Junagadh
(B) Hyderabad
(C) Kashmir
(D) Mysore

60. Match List-I (State) with List-II (Carved Out From) and select the correct answer:
List I: (State)
P. Gujarat
Q. Haryana
R. Chhattisgarh
S. Jharkhand
List II: (Carved Out From)
1. Punjab
2. Bombay
3. Bihar
4. Madhya Pradesh
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

61. Which of the following statements about V.P. Menon is correct?
(A) Served as the first Union Home Minister of India.
(B) Acted as the Constitutional Advisor to the Assembly.
(C) Led the first States Reorganization Commission.
(D) Patel's key associate in state integration.

62. In which year did the merger of smaller princely states into nearby provinces mostly take place?
(A) 1947–1950
(B) 1950–1956
(C) 1956–1960
(D) 1960–1966

63. Which of the following was a Part B state after 1950 and before the 1956 reorganization?
(A) Bihar
(B) Mysore
(C) Uttar Pradesh
(D) West Bengal

64. Which of the following is an INCORRECT statement regarding the 1956 Reorganization?
(A) It abolished the classification of states into Part A, B, C, and D.
(B) It was based on the Fazl Ali Commission report.
(C) It established 14 states.
(D) It created the state of Haryana.

65. Which Indian state was the 25th to be formed?
(A) Goa
(B) Mizoram

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(A) Reliance exclusively on military force for integration.
(B) Use of 'Carrot and Stick' policy for integration.
(C) Encouraged all princely states to remain independent.
(D) Lack of involvement in the Ministry of States office.

90. The demand for a separate state of Jharkhand was primarily based on:
(A) Language
(B) Ethnic/Tribal identity
(C) Religion
(D) International borders

91. Which of the following is a correct statement about the formation of Haryana?
(A) It was carved out of Punjab in 1966.
(B) It was carved out of Rajasthan in 1966.
(C) It was formed on a religious basis.
(D) It was formed in 1972.

92. How many states are there in India currently (as of the 2019 reorganization)?
(A) 27
(B) 28
(C) 29
(D) 30

93. How many Union Territories are there in India currently?
(A) 6
(B) 7
(C) 8
(D) 9

94. Read the following statements regarding the integration of Mysore:
I. It was one of the largest princely states.
II. It signed the Instrument of Accession in 1947.
III. It was merged into Madras state in 1956.
Which of the above statements are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

95. Which state was known as the "Associate State" via the 35th Constitutional Amendment?
(A) Goa
(B) Sikkim
(C) Manipur
(D) Meghalaya

96. Which of the following is an INCORRECT pair of state and the state it was carved from?
(A) Uttarakhand — Uttar Pradesh
(B) Chhattisgarh — Madhya Pradesh
(C) Jharkhand — Bihar
(D) Telangana — Kerala

97. The first linguistic province commission was headed by:
(A) S.K. Dhar
(B) Fazl Ali
(C) Jawaharlal Nehru
(D) V.P. Menon

98. Which of the following states was formed on November 9, 2000?
(A) Chhattisgarh
(B) Jharkhand
(C) Uttarakhand
(D) Goa

99. Which of the following states was formed latest among the options?
(A) Telangana
(B) Nagaland
(C) Haryana
(D) Sikkim

100. Which of the following movements led to the creation of Andhra State?
(A) Jharkhand Movement
(B) Maha-Gujarat Movement
(C) Bodoland Movement
(D) Vishalandhra Movement

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9. Read the following statements regarding the integration of Jammu and Kashmir:
I. Maharaja Hari Singh signed the Instrument of Accession in October 1947.
II. The accession was triggered by a tribal invasion supported by Pakistan.
III. India refused to accept the accession until a plebiscite was held.
Which of the above statements are correct?
(A) I and II only
(B) II and III only
(C) I and III only
(D) I, II, and III

10. Which princely state among the following was known for its initial reluctance to join India and was integrated through "Police Action"?
(A) Mysore
(B) Hyderabad
(C) Travancore
(D) Bhopal

11. Arrange the following states in the chronological order of their formation:
1. Andhra Pradesh
2. Nagaland
3. Haryana
4. Maharashtra
(A) 1-2-3-4
(B) 1-4-2-3
(C) 4-1-2-3
(D) 2-1-4-3

12. In which year did the integration of Hyderabad take place following the Police Action?
(A) 1947
(B) 1948
(C) 1949
(D) 1950

13. Read the following statements and select the correct option:
Statement I: The States Reorganization Commission was appointed in 1953.
Statement II: Fazl Ali served as the Chairman of this Commission.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

14. Identify the INCORRECT pair regarding the year of state formation:
(A) Gujarat — 1960
(B) Nagaland — 1963
(C) Sikkim — 1980
(D) Haryana — 1966

15. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Potti Sriramulu died after a 56-day hunger strike in 1952.
Reason (R): He was demanding the creation of a separate Telugu-speaking state from Madras Presidency.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Which of the following was the first state created on a linguistic basis in independent India?
(A) Kerala state territory
(B) Tamil Nadu state territory
(C) Karnataka state territory
(D) Andhra Pradesh state

17. Who among the following was NOT a member of the Fazl Ali Commission (1953)?
(A) Vallabhbhai Patel
(B) Fazl Ali
(C) K.M. Panikkar
(D) H.N. Kunzru

18. The States Reorganization Act of 1956 divided India into how many states and Union Territories?
(A) 12 states and 8 UTs
(B) 14 states and 6 UTs
(C) 15 states and 5 UTs
(D) 16 states and 3 UTs

19. Which of the following states was formed by bifurcating the State of Bombay in 1960?
(A) Gujarat
(B) Madhya Pradesh

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Maharaja Hari Singh sought military assistance from India and signed the legal Instrument of Accession in October 1947. While India accepted this accession legally, the historical context was defined by the immediate necessity of defense and territorial protection.

10. (B) Hyderabad
One of the wealthiest and largest princely states initially sought to remain independent or join Pakistan after the British withdrawal. The ruler maintained a defiant stance, leading to internal chaos and the deployment of paramilitary forces. In response, the Indian government launched a military operation to restore order and secure the state's integration, completing the process by September 1948.

11. (B) 1-4-2-3
The reorganization of Indian states followed a specific historical timeline based on linguistic and cultural demands. Andhra state was the first created in 1953, followed by the bifurcation of Bombay in 1960. Nagaland achieved statehood in 1963 to address ethnic aspirations. Finally, the Punjabi Suba movement led to the creation of Haryana in 1966 to accommodate Hindi-speaking regions.

12. (B) 1948
After a period of tension following India's independence, the largest princely state in the south was integrated into the Union. The process concluded in September 1948 after a brief military intervention restored stability and addressed the ruler's reluctance to accede. This event marked a crucial step in consolidating the nation's internal boundaries and ensuring administrative uniformity across the southern region.

13. (C) Both statements are correct.
The Indian government established a high-level body in 1953 to examine the reorganization of state boundaries. This commission was led by a distinguished retired Chief Justice of the Supreme Court. Their comprehensive study considered linguistic, administrative, and economic factors, eventually providing the foundational recommendations that shaped the significant administrative restructuring of the country through landmark legislation in 1956.

14. (C) Sikkim — 1980
Several Indian states were established or elevated to full statehood at different times after independence. Gujarat was formed during the reorganization of 1960, and Nagaland followed in 1963. Haryana was created in 1966 for linguistic reasons. However, the Himalayan territory of Sikkim formally joined the Union as a full state in 1975, following a referendum and constitutional amendment.

15. (A) Both A and R are true and R is the correct explanation of A.
The movement for a separate Telugu-speaking state gained significant momentum due to the sacrifice of a dedicated activist in late 1952. His prolonged fast highlighted the intense regional aspirations of the people in the Madras Presidency. His death triggered widespread protests and forced the central government to announce the creation of Andhra State, the first linguistic state.

16. (D) Andhra Pradesh state
Following intense political pressure and the tragic death of a prominent activist, the Indian government established the first administrative unit based primarily on linguistic identity. Formed in 1953, this state was carved out of the northern Telugu-speaking districts of the Madras Presidency. This historic decision set a significant precedent for the subsequent large-scale reorganization of states across India.

17. (A) Vallabhbhai Patel
The three-member body appointed in 1953 to reorganize states included prominent figures with legal and administrative expertise. It was chaired by Fazl Ali and included K.M. Panikkar and H.N. Kunzru as members. A famous political leader who had been instrumental in the initial integration of princely states could not participate, as he had passed away years before.

18. (B) 14 states and 6 UTs
The States Reorganization Act of 1956 implemented the most extensive restructuring of India's internal boundaries since independence. Based on linguistic and administrative considerations, the law abolished the previous complex classification of states. It reorganized the country into fourteen primary states and

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six centrally administered Union Territories, creating a more uniform political structure and satisfying several regional cultural demands.

19. (A) Gujarat
The bilingual state of Bombay underwent a significant partition in 1960 following persistent demands for linguistic autonomy. This restructuring resulted in the creation of two separate entities based on the speakers of Marathi and Gujarati. The northern region was established as a new state to cater to the Gujarati-speaking population, reflecting the government's commitment to linguistic administration.

20. (A) P-2, Q-1, R-4, S-3
The evolution of India's political map involved the creation of new states over several decades. In the mid-sixties, a northern state was carved out for linguistic reasons. Later, in the early seventies, several northeastern territories achieved full statehood. A Himalayan kingdom joined the Union in 1975, and the most recent addition was formed in the south during 2014.

21. (C) 1963
To address the unique cultural and political aspirations of the Naga people, the Indian government decided to grant full statehood to their region. This was a significant step toward peace and administrative autonomy in the northeastern frontier. The state was formally inaugurated in December 1963, becoming the sixteenth state of the Union and acknowledging a distinct ethnic identity.

22. (C) Haryana
In 1966, the Indian government responded to the Punjabi Suba movement by reorganizing the existing state of Punjab. This restructuring was based on linguistic preferences, separating the Punjabi-speaking regions from those where Hindi was the primary language. The newly created state for Hindi speakers addressed the administrative needs of the region, while also establishing Chandigarh as a shared capital.

23. (D) Mizoram
In 1972, the North-Eastern Areas Reorganization Act brought significant changes to the map of India. This legislation elevated several territories, including Manipur, Tripura, and Meghalaya, to the status of full states. While another territory was also reorganized at this time, it remained a Union Territory for fifteen more years before finally attaining full statehood during the late nineteen-eighties.

24. (C) 22nd
The integration of a northern Himalayan kingdom into the Indian Union was completed in 1975. Initially holding an associate status, the territory's population expressed a strong desire for full integration through a popular referendum. Following constitutional amendments, it was officially incorporated as the twenty-second state of India, marking the end of its protectorate status and formalizing its modern identity.

25. (B) Goa
After several decades of being administered as a Union Territory following its liberation from colonial rule, a coastal region on the western shore was elevated to full statehood. This change occurred in 1987, recognizing the territory's distinct cultural heritage and its political maturity. The transition allowed for localized governance, making it one of the smallest yet most prominent states.

26. (A) Both A and R are true and R is the correct explanation of A.
The major administrative overhaul of 1956 was driven by the need to align provincial boundaries with the linguistic realities of the population. By creating states where people spoke the same language, the government aimed to improve governance and make administration more accessible. This logic formed the basis of the Act, which simplified the complex territorial legacy from colonial rule.

27. (A) Arunachal Pradesh
On February 20, 1987, the Indian government granted full statehood to two strategic territories in the northeastern region. While one had recently transitioned from a period of insurgency, the other had been a Union Territory known for its vast frontier landscapes. This move was intended to strengthen democratic institutions and provide better administrative focus to these important border areas.

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28. (C) Chhattisgarh
In November 2000, a new state was carved out of the eastern districts of Madhya Pradesh. This decision was based on long-standing demands for better governance and the recognition of the region's unique tribal culture and economic potential. As the twenty-sixth state of the Union, its creation aimed to bring administration closer to people in historically underserved areas.

29. (D) Uttarakhand
To address the developmental needs of the Himalayan mountain regions, the Indian government reorganized a large northern state in late 2000. This resulted in the formation of a separate state comprising several hill districts. The move responded to local aspirations for autonomous governance that could manage the unique ecological and social challenges faced by the residents of these highlands.

30. (C) Bihar
The creation of a new state in November 2000 fulfilled a decades-old demand by the tribal populations of the Chota Nagpur plateau and Santhal Pargana. By separating from a large eastern state, this new entity was established to manage its rich mineral resources and protect its cultural identity. This reorganization aimed to foster focused regional growth and political empowerment.

31. (D) I, II, and III
The map of southern India was modified in 2014 with the establishment of a new state following intense political movements. This territory was separated from a larger linguistic state to address regional disparities and aspirations for self-rule. Officially inaugurated on June 2, it became the country's twenty-ninth state at the time, representing a significant shift in modern politics.

32. (D) Two separate Union Territories
A major constitutional change in 2019 led to the restructuring of a northern state that had previously held special status. The Reorganization Act abolished its statehood and divided the territory into two distinct administrative units under central control. These new entities were created to streamline governance and enhance security, marking a fundamental shift in the administration of the region.

33. (A) Accession to the British Crown
As the British prepared to depart in 1947, the legal status of hundreds of princely states was defined by the lapse of paramountcy. The rulers were presented with three distinct paths for their future. They could join either of the two newly formed dominions or choose to remain independent. Returning to British rule was not a possibility as British authority ended.

34. (C) Kerala
This prominent princely state was located in the southwestern tip of the Indian subcontinent. Known for its high literacy rates and progressive administration, it merged with the neighboring state of Cochin after independence. Eventually, during the linguistic reorganization of 1956, these territories became the core components of a new state where the Malayalam language is predominantly spoken.

35. (A) Operation Polo — Junagadh
Military and political events during the integration of India had specific names and figures associated with them. While a public vote was the primary method used to settle the status of one western princely state, a different military intervention was used for a large southern territory. Confusing these two events overlooks the specific historical tactics used to ensure national unification.

36. (D) Document to join the Union of India or Pakistan.
This crucial legal instrument was a standardized contract provided to the rulers of princely states during the transition to independence. By signing it, a ruler agreed to hand over specific powers, primarily defense, foreign policy, and communications, to the central government. It served as the primary legal mechanism for the political integration of disparate territories into the national dominions.

37. (B) Junagadh
Following the departure of its ruler to Pakistan and the subsequent administrative takeover by Indian authorities, a formal democratic process was organized to determine the future of this western state. In early 1948, a public referendum

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75. (B) 1972
The map of northeastern India was significantly altered in 1972 following a major legislative act. This law elevated several centrally administered Union Territories to the status of full states within the Indian Union. This shift allowed for the establishment of local legislative assemblies and gave the populations of these diverse regions a greater voice in their own governance and economic development.

76. (C) Telangana
This state is historically recognized as the twenty-ninth administrative unit to be created in India, established in 2014 after years of political agitation. Although a later reorganization reduced the total number of states by converting one into Union Territories, this region remains associated with that specific number. Its formation addressed long-term regional aspirations for political and economic self-determination.

77. (D) It was under Portuguese rule.
While most of India gained independence from the British in 1947, several small enclaves on the coast remained under a different European colonial power. This foreign administration refused to leave peacefully, leading to a long diplomatic standoff. It was only in 1961, after military intervention by the Indian government, that these territories were finally liberated and integrated into the Indian Union.

78. (C) A separate state for Telugu speakers.
This political movement sought to unite all regions where a specific southern language was spoken into a single administrative entity. It specifically aimed to combine the Telugu-speaking areas of the Madras Presidency with the regions of the former Hyderabad state. The success of this movement eventually led to the creation of a large, unified linguistic state during the mid-fifties reorganization.

79. (B) Review linguistic reorganization of states.
Following the report of the Dhar Commission, the ruling political party formed a high-level committee consisting of three top leaders. Their task was to re-evaluate the feasibility of redrawing state boundaries based on language. While they initially expressed caution about the timing of such changes, their work highlighted the intense public pressure that eventually led to the first linguistic state.

80. (D) Jharkhand
In late 2000, three new states were created to improve governance in specifically defined regions. The last of these to be formally inaugurated was carved out from the southern districts of a large eastern state. This new entity was established to provide better administrative focus to a region with a significant tribal population, fulfilling a long-standing local political demand.

81. (A) P-2, Q-3, S-1, T-4
Over several decades, various official bodies were established to study the complex issue of state boundaries. The earliest investigated linguistic provinces right after independence, while a subsequent committee reviewed those findings. A major commission in the fifties provided the template for nationwide changes, and a specialized commission in the sixties addressed the specific needs of the Punjabi-speaking border region.

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82. (C) Mizoram
The year 2000 saw a significant expansion of the number of Indian states with the creation of Chhattisgarh, Uttarakhand, and Jharkhand. These new units were formed to address regional disparities and administrative needs. However, other states, such as those in the northeast, had attained their full statehood during earlier phases of reorganization, such as in the late nineteen-eighties.

83. (A) Mizoram and Arunachal Pradesh
In 1987, the Indian government decided to grant full statehood to several strategically important territories. This included a region in the far northeast known for its tribal culture and another highland territory bordering the northern frontier. These changes were intended to provide stronger local governance and representation to populations that had previously been managed directly as Union Territories by the center.

84. (D) An Associate State
Before becoming a full-fledged member of the Indian Union in 1975, a Himalayan territory held a unique transitional status. Following

47. (A) Both A and R are true and R is the correct explanation of A.
The political landscape of northern India was fundamentally altered by legislation passed in 2019. This law removed the state status of a region and reorganized its territory into two distinct administrative units. One unit retained the name of the original region, while a separate highland area became its own entity. Both were placed under direct central administration for governance.

48. (D) Regional demands and disparities
Reorganizing states in a diverse nation is a complex task that must balance linguistic unity with other factors. A major difficulty arises from competing claims over territory, water resources, and economic investment. Different regions often have varying levels of development, leading to persistent calls for new states. Balancing these local aspirations with national stability remains a significant hurdle for policy makers.

49. (A) Uttarakhand
In November 2000, three new states were established to satisfy long-standing regional demands for better administration. While one was carved out of Madhya Pradesh and another from Bihar, the third was created from the northern mountain districts of Uttar Pradesh. These states were part of a coordinated effort to improve governance in areas with distinct geographic or cultural identities.

50. (C) Punjab
To resolve the linguistic conflict in a northern border region, the government appointed a specialized commission in 1966. This body was tasked with demarcating boundaries based on whether the local population spoke Punjabi or Hindi. The resulting recommendations led to the division of the territory into two separate states and a hilly region, as well as a common capital city.

51. (A) Promotion of monarchy
The unification of princely states was driven by several urgent national priorities after 1947. Leaders aimed to ensure the territorial continuity of the nation, protect internal security, and establish a uniform system of administration across the entire subcontinent. Continuing the system of hereditary rule by local kings was contrary to the democratic and republican ideals the nation had adopted.

52. (C) I and III only
The commission established in 1953 played a foundational role in modernizing India's internal structure. Led by a prominent jurist, it evaluated various criteria for redrawing state lines, emphasizing linguistic homogeneity rather than just historical boundaries. The body's thorough research and report provided the legal and political basis for the massive reorganization of states that was enacted three years later in 1956.

53. (B) Mizoram
The year 1987 was significant for the political evolution of the northeastern and western regions of India. Three new states were officially established to provide greater autonomy to territories that had previously been centrally administered. One of these was a hilly region that had transitioned from a state of unrest to a stable democratic entity, marking its arrival as a state.

54. (C) Hyderabad
This specific term refers to the military operation launched by the Indian government in September 1948. It was necessitated by the ruler's refusal to join the Union and the growing internal instability caused by paramilitary groups. The intervention was officially described as a law and order operation rather than a war, leading to the rapid integration of the kingdom.

55. (A) 4-3-1-2
India's map evolved as different territories transitioned from Union Territories or protectorates to full states. An ethnic state in the northeast was established early in the sixties. A decade later, several other northeastern territories were elevated. A northern Himalayan region joined in the mid-seventies, and a former colonial enclave on the western coast achieved full statehood in the late nineteen-eighties.

56. (A) Independent princely state
When the British left the subcontinent in August 1947, a large northern kingdom did not immediately join either of the new dominions. The ruler hoped to maintain a neutral or independent position, a status that lasted for

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was held to allow the residents to choose their national allegiance. The results showed nearly unanimous support for India, finalizing the state's integration.

38. (C) Mysore
A large and well-administered princely state in southern India joined the Union through the standard legal treaty in 1947. Under the new Republican Constitution of 1950, it was classified as a specific category of state, maintaining its identity until the major reorganization of 1956. This state later became the nucleus of the modern Kannada-speaking province after additional territories.

39. (A) P-2, Q-1, R-4, S-3
Key milestones in the evolution of India's internal boundaries occurred across different eras. The first state based on language was established in the early fifties, followed by a nationwide reorganization later that decade. The bifurcation of the Bombay state took place at the start of the sixties, while the creation of several new states to address regional demands happened recently.

40. (A) Language
The foundational principle for the nationwide restructuring of state boundaries in 1956 was the commonality of speech among the population. The government aimed to consolidate various administrative units into larger states that shared a primary tongue. This approach was intended to simplify administration, promote regional culture, and make the democratic process more accessible to citizens by using native languages.

41. (B) Himachal Pradesh
In early 1971, a hilly Union Territory in northern India was elevated to full statehood, becoming the eighteenth state of the Union. This change recognized the region's distinct geographical identity and the political maturity of its people. The move preceded a larger reorganization of the northeastern region that would occur just a year later, continuing the trend of granting local autonomy.

42. (B) 6
The comprehensive reorganization of 1956 did more than just create linguistic states; it also established a new category of centrally administered regions. These territories were managed directly by the Union government due to their strategic importance or unique cultural requirements. Initially, six such areas were designated, providing a flexible framework for governing diverse regions that did not meet statehood criteria.

43. (A) Potti Sriramulu
The creation of a separate state for Telugu speakers was finally triggered by the tragic outcome of a peaceful protest. A dedicated Gandhian activist undertook a long fast to highlight the regional demand, and his passing in December 1952 led to massive public outcry. Within days, the Prime Minister announced the formation of the new state, fundamentally changing national policy.

44. (C) Nagaland
When the landmark reorganization took effect in 1956, fourteen states were established based on various historical and linguistic factors. These included large northern and southern territories, as well as newly merged coastal regions. However, a specific northeastern territory did not achieve full statehood during this initial phase; it was formally created years later in 1963 to address ethnic demands.

45. (D) Kerala
This coastal princely state was known for its maritime trade and cultural history. After independence, it merged with its larger neighbor, Travancore, to form a unified administrative unit. In 1956, this combined territory, along with the Malabar region, was reorganized to create a new state for Malayalam speakers. This process consolidated the linguistic identity of the country's southwestern coast.

46. (C) Sikkim
The addition of a new state to the Indian Union in 1975 marked a significant expansion of the country's northern borders. This territory had previously existed as a protectorate with its own traditional ruler. Following a popular demand for democratization and full union with India, it was officially incorporated through a constitutional amendment, becoming the twenty-second state of the nation.

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its own legislative assembly and greater local administrative control.

66. (C) Linguistic divide between Gujarati and Marathi.
The bilingual Bombay state experienced significant political agitation in the late fifties as people demanded states that reflected their native tongues. The movement was driven by a desire for better cultural representation and effective administration. Consequently, the government decided to partition the state into two separate linguistic entities in 1960, satisfying the aspirations of both Marathi and Gujarati-speaking communities.

67. (A) India refused to sign the Instrument of Accession.
The integration of Jammu and Kashmir was complicated by several factors, including the differing religious backgrounds of the ruler and the majority population. The Maharaja's initial preference for independence also delayed the process. When an invasion threatened the region, the Indian government agreed to the accession requested by the ruler, leading to a legal and military commitment to the state.

68. (A) Both A and R are true and R is the correct explanation of A.
The formation of a new state in 2014 was the culmination of a long-term movement within a larger southern state. The people of this specific region felt that their developmental needs and political identity were not being adequately addressed. After extensive deliberations and public pressure, the central government enacted legislation to bifurcate the existing state, creating a new political entity.

69. (B) 1963 — Nagaland
Several milestones in the redrawing of the Indian map occurred at specific times. While the division of the Bombay state happened in 1960, the creation of a separate state for the Naga people followed in 1963. Other significant changes, such as the full statehood of Sikkim or the creation of newer states in 2000, took place much later.

70. (C) Nizam of Hyderabad
The military action undertaken in 1948 was aimed at resolving the impasse created by the ruler of a large southern state. After months of failed negotiations and escalating internal violence by local militias, Indian forces intervened to restore order. The operation quickly achieved its objective, leading to the surrender of the local forces and the formal integration of the territory.

71. (D) Goa
India currently maintains a mix of full states and centrally administered Union Territories. Several regions, like the newly formed units in the north or the coastal enclaves in the south, remain under central control. However, a prominent territory on the western coast that was once a Union Territory achieved full statehood in 1987, granting it a different constitutional status.

72. (A) Muhammad Mahabat Khan III
The final traditional ruler of a western princely state made the controversial decision to accede to Pakistan in 1947. This choice was met with strong local opposition and administrative pressure from the Indian government. As the situation became untenable and a provisional government was formed by the people, the ruler eventually departed for Pakistan, leaving the administration to be settled.

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73. (A) I and II only
The landmark administrative reform of 1956 was implemented through a major constitutional amendment. This act effectively redrew the country's internal map, establishing fourteen states and six Union Territories. Unlike earlier policies, this legislation explicitly recognized the importance of linguistic identity in governance, making it the primary factor for determining new state boundaries and simplifying the complex territorial legacy inherited from British rule.

74. (B) Nagaland
In 1963, the Indian government established a new state in the northeast to preserve the unique cultural traditions and political rights of several hill tribes. This decision was a response to long-standing demands for autonomy and special status. By creating this sixteenth state, the government aimed to bring peace and stable administration to a sensitive and ethnically distinct frontier region.

94. (A) I and II only
One of the most significant and well-governed princely states in southern India readily joined the new Union in 1947. Its ruler accepted the new political reality and signed the legal documents required for accession. Although its boundaries were later expanded in 1956 to include other Kannada-speaking areas, it maintained its own distinct identity during the initial post-independence period.

95. (B) Sikkim
A unique constitutional experiment occurred in 1974 to bring a Himalayan protectorate closer to the Indian Union. Through a specific amendment, this territory was granted a status that allowed it to send representatives to the Indian Parliament while keeping its traditional internal administration. This phase of associate statehood was a precursor to its full integration as a state in 1975.

96. (D) Telangana — Kerala
Most new states in India were created by dividing existing administrative units to meet regional demands. While mountain regions were separated from large northern states and tribal areas from central ones, the most recent southern state was carved out from a different linguistic state in the same region. Suggesting it came from the opposite coastal state is historically incorrect.

97. (A) S.K. Dhar
In 1948, the Indian government appointed a commission to investigate whether state boundaries should be redrawn based on language. Led by a retired judge, the body ultimately recommended against immediate linguistic reorganization, prioritizing national unity and administrative convenience instead. Their findings were controversial and led to further committees being formed to address the persistent public demands for native language governance.

98. (C) Uttarakhand
A new state was established in the northern Himalayan region during the administrative restructuring of November 2000. Carved out from the hilly districts of Uttar Pradesh, its creation addressed the distinct geographical and economic challenges faced by the mountain population. This move brought governance closer to the residents of the highlands, fulfilling a long-standing aspiration for autonomous administration.

99. (A) Telangana
The internal map of India has been updated periodically since 1947. While states like Nagaland, Haryana, and Sikkim were created in the sixties and seventies to address various ethnic and linguistic needs, others were formed much more recently. The latest addition among the provided choices was established in 2014, reflecting contemporary political movements and the ongoing process of reorganization.

100. (D) Vishalandhra Movement
The campaign for a unified state for all Telugu speakers gained popularity in the early decades of independence. This effort sought to bring together speakers of the language divided between different provinces. The pressure from this movement, combined with high-profile protests, forced the government to create the first state organized primarily on a linguistic basis in 1953.

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a constitutional amendment in 1974, it was formally designated with a special term that provided for its representation in the Indian Parliament while maintaining degree of internal autonomy. This intermediate step eventually led to its total integration as a state.

85. (B) Chandigarh (as a UT)
While most administrative boundaries in India were redrawn to match linguistic groups, some territories were treated differently for strategic or political reasons. After the reorganization of Punjab in 1966, one city was designated as a centrally administered territory to serve as a shared capital for two states. This arrangement prioritized political compromise over the usual linguistic homogeneity found elsewhere.

86. (C) Jammu and Kashmir
Legislation passed in 2019 fundamentally changed the governance of a northern region. The existing state was dissolved and replaced by two new administrative units that report directly to the central government. One unit retained the original name, while the other comprised a large, sparsely populated highland area. This restructuring was intended to improve security and streamline local administration.

87. (D) Maharaja Hari Singh
The political future of a major northern kingdom was decided by its traditional ruler in late 1947. Initially hesitant to join either India or Pakistan, he eventually sought Indian help when his territory faced a violent invasion from the west. By signing the official legal document, he formalized the state's entry into the Indian Union, shaping modern regional history.

88. (A) Chhattisgarh
On the first day of November 2000, a new state was inaugurated in central India. It was carved out of the eastern districts of Madhya Pradesh to address the developmental needs of local tribal communities and better manage the region's diverse resources. This marked the beginning of major administrative changes that saw three new states established in one month.

89. (B) Use of 'Carrot and Stick' policy for integration.
The unification of India was achieved through a combination of diplomacy and firmness led by the first Home Minister. He offered rulers incentives, such as privy purses and recognition, to join the Union peacefully. However, he also made it clear that the government would use stronger measures if necessary to prevent the fragmentation of the country and ensure national security.

90. (B) Ethnic/Tribal identity
The movement for a separate state in the Chota Nagpur region was rooted in the desire to protect the unique cultural heritage and economic interests of local indigenous populations. For decades, these groups argued that their needs were neglected by the central administration of a larger state. The successful campaign emphasized their distinct social structure and historical autonomy.

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91. (A) It was carved out of Punjab in 1966.
Following years of political pressure from both Punjabi and Hindi speakers in the northwest, the Indian government decided to reorganize the region along linguistic lines. This process led to the creation of a new state for those who primarily spoke Hindi. Formed in 1966, this new entity allowed for more focused administration and cultural representation for that area.

92. (B) 28
The political structure of India has changed several times since independence through various reorganization acts. While the number of states increased over decades with the creation of new entities, the total was recently adjusted. Following the conversion of a northern state into Union Territories in 2019, the country now consists of twenty-eight primary states within the Union framework.

93. (C) 8
The total count of centrally administered regions in India has fluctuated due to mergers and reorganizations. After the creation of two new units in the north in 2019, the count increased, but a subsequent merger of two coastal enclaves on the western shore brought the total to eight. These territories are managed by the Union government through appointed administrators.

several weeks. However, this period ended abruptly when the territory faced an external invasion, forcing the ruler to seek military help and formalize ties.

57. (B) Meghalaya
To satisfy the regional aspirations of people in the Khasi, Jaintia, and Garo hills, the Indian government restructured the larger state of Assam in 1972. This process resulted in the creation of a new, separate state for these highland communities. The move was part of a broader effort to provide better administrative focus and cultural protection to diverse ethnic groups.

58. (B) 14 states, 6 UTs
The landmark legislation of 1956 completely transformed the political map of India. It replaced the previous multi-tiered classification of states with a simpler two-tier structure. This resulted in the creation of fourteen primary states, mostly organized on linguistic lines, along with six centrally administered Union Territories. This framework provided the blueprint for the country's internal administration for following development decades.

59. (A) Junagadh
A western princely state faced a major crisis when its ruler announced his intention to join Pakistan, contradicting the geographic reality and the will of the majority population. This led to a popular uprising and the formation of a provisional government. After the ruler fled, Indian authorities took control and confirmed the people's choice through a formal public referendum process.

60. (A) P-2, Q-1, R-4, S-3
Many modern Indian states were formed by dividing larger administrative units based on language or regional identity. A coastal state was separated from a bilingual presidency, while a northern state was carved out from a border region. Later, large inland states were subdivided to address the needs of tribal areas or hilly regions, illustrating the ongoing process of administrative refinement.

61. (D) Patel's key associate in state integration.
This distinguished civil servant was the top administrative official in the Ministry of States during the critical years of nation-building. He worked tirelessly alongside the Home Minister to negotiate with hundreds of local rulers. His role was crucial in drafting legal documents and finding diplomatic solutions to the complex challenges of unifying diverse territories into a single Indian Union.

62. (A) 1947–1950
The initial phase of political unification occurred immediately after the British withdrawal. During this period, hundreds of small princely states were encouraged to merge with neighboring provinces or form larger unions. This consolidation was essential to create viable administrative units and ensure that the new national government could effectively manage the territory. By 1950, most of this integration was complete.

63. (B) Mysore
Between 1950 and 1956, the Indian Constitution divided states into several categories based on their previous status. One specific category consisted of former large princely states that were governed by their previous rulers as Rajpramukhs. A prominent southern kingdom fell into this classification until the major reorganization of 1956, which abolished these distinctions and created uniform state governance.

64. (D) It created the state of Haryana.
The 1956 reorganization was a watershed moment in Indian administration, implementing linguistic states and ending the complex multi-tiered classification system. While it established fourteen new states based on the Fazl Ali Commission's report, it did not include all modern states. Some territories, like those in the northwest, were reorganized a decade later in 1966 to address further linguistic demands.

65. (A) Goa
Achieving full statehood in May 1987, this coastal territory on the western shore became the twenty-fifth state of India. It had been liberated from colonial rule over two decades earlier and administered centrally during its transition. Its elevation recognized its political stability and unique cultural identity, allowing it to have

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CHAPTER 18

World History : French and Industrial Revolutions

1. Which of the following best defines the 'Tithe' as it existed in 18th-century France?
(A) A tax levied by the Church comprising one-tenth of agricultural produce.
(B) A direct land tax paid to the French monarch.
(C) A salt tax imposed on all citizens regardless of age.
(D) A feudal duty paid by the nobility to the king for military protection.

2. In which year did the French Revolution formally begin with the convening of the Estates General?
(A) 1776
(B) 1783
(C) 1789
(D) 1799

3. Read the following statements and select the correct option:
Statement I: Louis XVI belonged to the Bourbon dynasty of France.
Statement II: He ascended the throne in 1774 and found an empty treasury.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

4. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Third Estate declared itself the National Assembly in June 1789.
Reason (R): The King rejected their proposal for a voting system where each member would have one vote instead of each estate having one vote.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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5. Which of the following statements regarding the Enlightenment philosopher Montesquieu is correct?
(A) He advocated for a government based on a social contract between citizens and their chosen representatives.
(B) He proposed a division of power between the legislative, executive, and judiciary branches.
(C) He argued that the monarch should have absolute power to ensure long-term stability and social order.
(D) He believed that religious institutions should control the educational and moral system of the state.

6. Match the thinkers in List-I with their core philosophies in List-II and select the correct answer using the codes given below:
List I: (Thinker)
P. Rousseau
Q. Voltaire
R. Montesquieu
S. Adam Smith
List II: (Core Philosophy)
1. Separation of Powers
2. Social Contract
3. Freedom of Speech and Religion
4. Laissez-faire Economics
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3

25. Which of the following is INCORRECTLY matched?
(A) Marie Antoinette — Austrian Princess
(B) Olympe de Gouges — General of the French Army
(C) Robespierre — Leader of the Jacobins
(D) Jean-Paul Marat — Scientist and Journalist

26. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The French Revolution is considered a turning point in world history.
Reason (R): It promoted the ideals of liberty, equality, and fraternity across Europe and the world.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

27. Which of the following was NOT an effect of the French Revolution in France?
(A) Establishment of a permanent communist state.
(B) Abolition of the feudal system.
(C) Birth of the concept of nationalism.
(D) Spread of democratic ideas.

28. Which of the following was the most appropriate reason for the rise of Napoleon Bonaparte?
(A) The total success and long-term political stability of the Directory's centralized rule.
(B) The popular demand for the return of the traditional Bourbon monarchy and feudal laws.
(C) The political instability of the Directory and its frequent clashes with legislative councils.
(D) The peaceful transition of administrative power from Robespierre directly to the military.

29. How did the French Revolution impact the concept of 'Nationalism' in Europe?
(A) It suppressed national identities in favor of a pan-European empire under the Pope.
(B) It led to the immediate dissolution of all European monarchies within five years.
(C) It discouraged the use of vernacular languages in favor of Latin.
(D) It inspired people to identify themselves as citizens of a nation with shared rights and duties.

30. Match the events in List-I with their key outcomes in List-II and select the correct answer using the codes given below:
List I: (Event)
P. Tennis Court Oath
Q. August 4 Decree
R. Civil Constitution of the Clergy
S. Treaty of Amiens
List II: (Key Outcome)
1. State control over the Church
2. Promise to draft a constitution
3. End of feudal privileges
4. Peace between France and Britain
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-2, S-1
(C) P-2, Q-3, R-1, S-4
(D) P-2, Q-1, R-4, S-3

31. If you were a member of the Third Estate in 1789, which of the following Enlightenment ideas would most likely influence your demand for political reform?
(A) The divine right of kings to rule without oversight.
(B) The idea that sovereignty resides in the nation and its people.
(C) The belief that the clergy should hold the highest political offices.
(D) The argument that traditional feudal dues are necessary for social order.

32. What does the term 'Bourgeoisie' refer to in the context of the French Revolution?
(A) The rural landless peasantry working on the estates of the clergy.
(B) The urban working class employed in manual labor and factory work.
(C) The lower-ranking members of the Catholic Church in rural provinces.
(D) The educated and wealthy middle class belonging to the Third Estate.

33. On which specific date did the people of Paris storm the Bastille prison?

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(B) The forced migration of the nobility to neighboring Austria.
(C) The establishment of a state-controlled industrial sector.
(D) The decree ending the feudal system of obligations and taxes.

17. What does the term 'Sans-culottes' literally mean in the context of the French Revolution?
(A) Those without knee breeches.
(B) Those with aristocratic knee breeches.
(C) Members of the royal guard.
(D) High-ranking clergy members.

18. Match the phases of the revolution in List-I with their time periods in List-II and select the correct answer using the codes given below:
List I: (Phase of Revolution)
P. Constitutional Monarchy
Q. Jacobin Republic
R. The Directory
S. Napoleonic Consulate
List II: (Time Period)
1. 1792–1794
2. 1789–1792
3. 1799–1804
4. 1795–1799
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-2, Q-4, R-1, S-3

19. In which year did Napoleon Bonaparte crown himself Emperor of the French?
(A) 1799
(B) 1804
(C) 1812
(D) 1815

20. Read the following statements and select the correct option:
Statement I: The Declaration of the Rights of Man and Citizen established equality before the law.
Statement II: This declaration granted the right to vote to all women in France in 1789.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

21. Consider the following rights:
1. Right to life
2. Freedom of speech
3. Right to economic equality
Which of the above rights were declared as 'natural and inalienable' by the Declaration of 1789?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

22. Which of the following statements regarding the Directory phase (1795-1799) is correct?
(A) It was a stable period of government led by a single dictator to restore civic order.
(B) It successfully avoided all political conflicts with the legislative councils and the army.
(C) It consisted of an executive made up of five members to prevent the concentration of power.
(D) It was established by the Jacobin leaders to extend the Reign of Terror and eliminate rivals.

23. Which of the following statements regarding the economic causes of the French Revolution is INCORRECT?
(A) France was in deep debt due to long years of war.
(B) The state was forced to increase taxes to meet regular expenses like the army and court.
(C) A population increase from 23 million to 28 million led to a rapid increase in the demand for foodgrains.
(D) The French monarchy had successfully taxed the First Estate to reduce the national deficit.

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24. Which of the following is correctly matched?
(A) Marseillaise — The patriotic song of France
(B) Guillotine — A device for harvesting wheat
(C) Jacobins — A club of the wealthy nobility
(D) Convention — The name of the First Estate's assembly

42. Match the inventions in List-I with their inventors in List-II and select the correct answer using the codes given below:
List I: (Invention)
P. Spinning Jenny
Q. Power Loom
R. Steam Engine (Improved)
S. Water Frame
List II: (Inventor)
1. Richard Arkwright
2. James Hargreaves
3. Edmund Cartwright
4. James Watt
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-3, R-4, S-1
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

43. What was the most significant social consequence of the transition from the domestic system to the factory system?
(A) Workers were concentrated in large urban centers under strict industrial supervision.
(B) Workers gained more independent control over their daily working hours and conditions.
(C) Families worked together at home to produce high-quality textiles for local markets.
(D) The role of middle-level managers and supervisors was completely eliminated from production.

44. How did the railway revolution impact the process of industrialization?
(A) It significantly increased the cost of transporting heavy raw materials to factories.
(B) It led to a steady decline of the coal mining industry in the northern regions of Britain.
(C) It created a nationwide market by reducing the time and costs associated with travel.
(D) It slowed down the technological expansion of the iron and steel industries across Europe.

45. In the context of the Industrial Revolution, how did the 'Enclosure Movement' contribute to urbanization?
(A) It provided larger land holdings to small-scale farmers in the countryside.
(B) It encouraged people to move from the cities back to the enclosed farms.
(C) It banned the use of machinery on agricultural lands.
(D) It forced displaced rural laborers to migrate to cities in search of work.

46. Consider the following factors of production during the Industrial Revolution:
1. Abundant supply of coal and iron.
2. Large amount of capital from colonial trade.
3. Access to a vast global market through colonies.
Which of the above factors were responsible for Britain's industrial growth?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

47. Read the following statements and select the correct option:
Statement I: The Industrial Revolution led to the rise of two new social classes: the industrial bourgeoisie and the proletariat.
Statement II: The living conditions for the working class in early industrial cities were generally excellent and hygienic.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

48. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The Industrial Revolution eventually led to the emergence of Socialism.
Reason (R): Workers faced harsh conditions, low wages, and long hours, leading to demands for collective ownership of resources.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.

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(A) May 5, 1789
(B) June 20, 1789
(C) July 14, 1789
(D) August 26, 1789

34. Consider the following characteristics of the First Estate in France:
1. They held high positions in the administration.
2. They were the primary payers of the 'Taille' tax.
3. They owned about 10% of the land in France.

Which of the above characteristics is/are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 3 only

35. Read the following statements and select the correct option:
Statement I: The Jacobins were known for their radical approach and support for the common man.
Statement II: The Girondins were the most conservative faction within the National Convention.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

36. Which of the following is the most accurate reason why the Industrial Revolution began in Great Britain?
(A) Britain had a limited supply of natural resources, which forced the population to innovate.
(B) Britain had a political and legal framework that favored private property and investment.
(C) The British government discouraged private investment in favor of traditional state guilds.
(D) Britain possessed vast colonial markets and a stable political environment for trade.

37. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The presence of iron and coal deposits in close proximity was vital for the Industrial Revolution in Britain.
Reason (R): Coal was needed to smelt iron ore and to provide fuel for steam engines.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

38. Which of the following statements regarding the early Industrial Revolution is INCORRECT?
(A) The textile industry was the first to be mechanized.
(B) The domestic system of production was replaced by the factory system.
(C) Steam power played no role in the development of the railway industry.
(D) Urbanization increased rapidly as people moved to cities for work.

39. Which of the following is correctly matched?
(A) James Hargreaves — Water Frame
(B) Richard Arkwright — Spinning Jenny
(C) Edmund Cartwright — Flying Shuttle
(D) James Watt — Improved Steam Engine

40. Which of the following is INCORRECTLY matched?
(A) James Hargreaves — Power Loom
(B) John Kay — Flying Shuttle
(C) Samuel Crompton — Spinning Mule
(D) George Stephenson — Rocket (Locomotive)

41. Which of the following was NOT a reason for Britain's leadership in the Industrial Revolution?
(A) Availability of investment capital from overseas trade.
(B) Heavy government restriction on the export of manufactured goods to colonies.
(C) A large population of agricultural workers seeking urban employment.
(D) Scientific and technological advancements in the 18th century.

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1. Overcrowding in cities.
2. Improved public health and sanitation for the poor.
3. Rapid expansion of the service sector.

Which of the above statements is/are correct?
(A) 1 only
(B) 1 and 2 only
(C) 2 and 3 only
(D) 1 and 3 only

59. In the context of the Industrial Revolution, how did the growth of capitalism affect the working class?
(A) It created a system where workers became dependent on factory owners for wages.
(B) It led to the gradual reduction of urban and rural poverty over the long term.
(C) It ensured that every individual worker owned a share of the factory's heavy machinery.
(D) It reduced the immediate demand for skilled urban labor through mechanical automation.

60. Which of the following concepts explains why industrialization led to environmental degradation?
(A) The increased use of renewable energy sources such as wind and water power.
(B) The transition to organic farming methods and localized agricultural production.
(C) Heavy reliance on coal-fired steam engines and high-volume iron smelting.
(D) A global reduction in the demand for manufactured goods and industrial products.

61. Read the following statements and select the correct option:
Statement I: The Industrial Revolution started in the 18th century and continued into the 19th century.
Statement II: The revolution was confined primarily to the borders of Great Britain until the mid-19th century.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

62. Arrange the following inventions in their correct chronological order:
1. Flying Shuttle
2. Spinning Jenny
3. Power Loom
4. Rocket (Locomotive)

(A) 1-2-3-4
(B) 2-1-3-4
(C) 4-3-2-1
(D) 1-3-2-4

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63. What is the meaning of the term 'Laissez-faire' in the context of the Industrial Revolution?
(A) Heavy government regulation of all trade.
(B) No government interference in the economic market.
(C) State ownership of all industrial factories.
(D) A system of high tariffs on all imported goods.

64. During which century did the Industrial Revolution primarily originate in Britain?
(A) 16th Century
(B) 17th Century
(C) 18th Century
(D) 20th Century

65. Which of the following statements regarding the French Revolution's impact on Europe is correct?
(A) It spread the ideas of popular sovereignty and individual rights.
(B) It led to the temporary re-establishment of the Holy Roman Empire's borders.
(C) It caused European nations to adopt a single common currency by 1800.
(D) It resulted in the isolation of France from European trade for over a century.

66. Which of the following statements regarding Napoleon Bonaparte is INCORRECT?
(A) He introduced the Civil Code of 1804 (Napoleonic Code).
(B) He saw himself as a modernizer of Europe.
(C) He abolished the decimal system of weights and measures.
(D) He was defeated at the Battle of Waterloo in 1815.

(C) A is true but R is false.
(D) A is false but R is true.

49. What is the definition of the term 'Proletariat' as it emerged during the Industrial Revolution?
(A) The urban working class who sold their labor for wages.
(B) The class of wealthy factory owners and bankers.
(C) The class of land-owning nobility in the countryside.
(D) The group of government officials managing trade regulations.

50. Which industry was the first to experience the transition to large-scale mechanized production?
(A) Iron and Steel
(B) Coal Mining
(C) Cotton Textiles
(D) Shipbuilding

51. Which of the following statements regarding the emergence of capitalism during the Industrial Revolution is correct?
(A) It was based on private ownership of the means of production and the profit motive.
(B) It advocated for state-controlled production and equal distribution of all national wealth.
(C) It strictly prohibited the use of advanced machines in the centralized production process.
(D) It was primarily focused on maintaining agricultural self-sufficiency within small villages.

52. Which of the following statements regarding the social effects of the Industrial Revolution is INCORRECT?
(A) It led to the growth of slums in industrial cities.
(B) It resulted in the widespread employment of women and children in factories.
(C) It created a sharp division between the owners of capital and the workers.
(D) It caused a decrease in the overall population of European countries.

53. Which of the following is correctly matched?
(A) James Watt — Spinning Jenny
(B) Edmund Cartwright — Power Loom
(C) Richard Arkwright — Steam Engine
(D) George Stephenson — Flying Shuttle

54. Match the terms in List-I with their descriptions in List-II and select the correct answer using the codes given below:
List I: (Term)
P. Urbanization
Q. Capitalism
R. Socialism
S. Luddites
List II: (Description)
1. Economic system based on private profit
2. Movement of people from rural to urban areas
3. Group that opposed new machinery
4. Advocacy for social/collective ownership
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-2, Q-4, R-1, S-3

55. Which of the following is INCORRECTLY matched?
(A) Adam Smith — Wealth of Nations
(B) James Watt — Improved Steam Engine
(C) Richard Arkwright — Water Frame
(D) Eli Whitney — Power Loom

56. Which of the following was NOT an effect of the Industrial Revolution?
(A) The rise of colonialism to secure raw materials.
(B) The decline of the urban middle class.
(C) Environmental pollution due to coal use.
(D) Growth of international trade.

57. Which of the following was the primary shift in the organization of work during the Industrial Revolution?
(A) From factory-based work back to the traditional cottage industry system.
(B) From the domestic system to the centralized factory system of production.
(C) From the use of iron tools to the use of ancient stone tools for labor.
(D) From wage labor to a system of hereditary serfdom in the industrial towns.

58. Consider the following social impacts of urbanization during the 19th century:

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(C) P-2, Q-3, R-1, S-4
(D) P-3, Q-4, R-1, S-2

7. Which of the following was NOT a social cause of the French Revolution?
(A) The privilege of exemption from paying taxes enjoyed by the First and Second Estates.
(B) The struggle for survival among the peasantry due to rising bread prices.
(C) The rise of a middle class that believed no group should be privileged by birth.
(D) The demand for universal adult franchise by the French nobility.

8. Consider the following events of 1789:
1. Formation of the National Assembly.
2. Storming of the Bastille.
3. The Tennis Court Oath.

Which of the above event(s) occurred before the Declaration of the Rights of Man and Citizen?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

9. Which of the following is correctly matched?
(A) First Estate — Merchants and Lawyers
(B) Third Estate — Peasantry and Bourgeoisie
(C) Second Estate — Clergy and Priests
(D) Estates General — A permanent parliamentary body

10. Which of the following is INCORRECTLY matched?
(A) 14 July 1789 — Fall of the Bastille
(B) 1791 — France becomes a Republic
(C) August 1789 — Abolition of Feudalism
(D) 1793 — Execution of Louis XVI

11. Arrange the following events of the French Revolution in the correct chronological order:
1. Convocation of the Estates General
2. Storming of the Bastille
3. The Tennis Court Oath
4. Declaration of the Rights of Man and Citizen

(A) 1-2-3-4
(B) 1-3-2-4
(C) 3-1-2-4
(D) 2-1-3-4

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12. Which social class was specifically exempted from the 'Taille' in pre-revolutionary France?
(A) The Landless Laborers
(B) The Bourgeoisie
(C) The Nobility
(D) The Artisans

13. What was the primary symbolic significance of the storming of the Bastille?
(A) It provided the revolutionaries with a massive stockpile of modern gunpowder.
(B) It marked the successful capture of the King and the Queen.
(C) It represented the liberation of thousands of political prisoners.
(D) It symbolized the fall of the despotic power of the French monarchy.

14. How did the Enlightenment ideas contribute to the French Revolution?
(A) They encouraged the peasantry to remain loyal to the divine right of kings.
(B) They argued that economic equality was impossible and social hierarchy was natural.
(C) They provided a framework for challenging the traditional authority of the Church and State.
(D) They proposed that the military should take over the administration from the King.

15. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): The period from 1793 to 1794 is referred to as the Reign of Terror in France.
Reason (R): Robespierre followed a policy of severe control and punishment against his perceived enemies.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Which of the following actions best illustrates the "abolition of feudalism" by the National Assembly in 1789?
(A) The distribution of all crown lands to foreign investors.

67. Which of the following is correctly matched?
(A) Rousseau — The Social Contract
(B) Montesquieu — Candide
(C) Voltaire — Two Treatises of Government
(D) John Locke — The Spirit of Laws

68. Which of the following is INCORRECTLY matched?
(A) Maximilien Robespierre — Jacobin leader
(B) Louis XVI — Bourbon King
(C) Napoleon — Emperor of the French
(D) Mirabeau — Leader of the Second Estate

69. Which of the following groups was NOT part of the Third Estate in France?
(A) Big businessmen and merchants
(B) High-ranking officials of the Church
(C) Lawyers and administrative officials
(D) Small peasants and landless laborers

70. What was the central demand of the Third Estate during the meeting of the Estates General in 1789?
(A) That each estate should have one collective vote as per traditional medieval custom.
(B) That the first two estates should be stripped of their landholdings immediately.
(C) That voting should be conducted by the assembly where each member has one vote.
(D) That the King should move the administrative capital from Versailles to central Paris.

71. How did the intellectual climate of the Enlightenment influence the French Revolution?
(A) By promoting the belief that kings are appointed by God and cannot be questioned by subjects.
(B) By advocating for the return to traditional medieval feudalism and agrarian production.
(C) By suggesting that only the clergy are fit to rule a civilized and modern nation-state.
(D) By encouraging the use of reason and logic to evaluate social and political institutions.

72. If a government follows the principles of Montesquieu's 'Spirit of Laws', which of the following would be true?
(A) The legislative and executive powers would be handled by different branches of government.
(B) The monarch would have the sole power to make laws, execute them, and judge all legal cases.
(C) The Church would have the final and absolute authority over all judicial and state decisions.
(D) All state laws would be decided by a single military commander to ensure national security.

73. Read the following statements and select the correct option:
Statement I: France helped the thirteen American colonies gain independence from Britain.
Statement II: This war added more than a billion livres to a debt that had already risen to 2 billion livres.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

74. Which term was used to describe the social system of France before 1789?
(A) Modern Regime
(B) Old Regime
(C) New Order
(D) Feudal Republic

75. Who was the King of France during the outbreak of the French Revolution?
(A) Louis XIV
(B) Louis XV
(C) Louis XVI
(D) Louis XVIII

76. Which of the following statements regarding the Committee of Public Safety is correct?
(A) It was established by Napoleon to oversee the Napoleonic Code.
(B) It was formed by the Second Estate to protect their tax exemptions.
(C) It was the primary executive body during the Reign of Terror.

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(D) It was a diplomatic group focused on ending the war with Britain.

77. Which of the following statements regarding the Declaration of the Rights of Man and Citizen (1789) is INCORRECT?
(A) It stated that all men are born and remain free and equal in rights.
(B) It recognized the right to property as a sacred and inviolable right.
(C) It established the principle that the source of all sovereignty resides in the nation.
(D) It explicitly granted full political rights and voting power to all women.

78. Which of the following is correctly matched?
(A) Richard Arkwright — Flying Shuttle
(B) Samuel Crompton — Power Loom
(C) James Hargreaves — Spinning Jenny
(D) Edmund Cartwright — Water Frame

79. Which of the following is INCORRECTLY matched?
(A) James Watt — Improvements to Steam Engine
(B) John Kay — Spinning Mule
(C) Robert Fulton — Steamboat
(D) George Stephenson — Steam Locomotive

80. Which of the following was NOT a factor that contributed to Britain becoming the "Workshop of the World"?
(A) Availability of cheap labor from the agricultural countryside.
(B) Advanced naval power for protecting international trade routes.
(C) Rich deposits of coal and high-quality iron ore minerals.
(D) Strict government prohibition of all forms of foreign trade.

81. What is the long-term historical significance of the French Revolution for modern democracy?
(A) It introduced the modern concepts of individual rights and representative government.
(B) It established a blueprint for the separation of powers and civil liberties.
(C) It proved that absolute monarchy is the most stable and effective form of government.
(D) It led to the universal redistribution of all private property across the globe.

82. How did the "Reign of Terror" differ from the "Constitutional Monarchy" phase of the French Revolution?
(A) The Reign of Terror focused on preserving the King's life and the royal heritage.
(B) The Constitutional Monarchy phase saw the public trial and execution of the monarch.
(C) The Reign of Terror involved the radical suppression of political dissent through execution.
(D) The Constitutional Monarchy phase was led exclusively by members of the Jacobin club.

83. Which modern political concept is most closely derived from the French Revolution's ideal of 'Fraternity'?
(A) The sense of national unity and brotherhood among the citizens of a nation.
(B) The economic struggle for individual wealth and private corporate success.
(C) The competition between different social estates for monarchical favor.
(D) The divine right of rulers to manage the state without public oversight.

84. Read the following statements and select the correct option:
Statement I: Britain's island geography protected it from the turmoil of the Napoleonic Wars.
Statement II: This geographical isolation prevented Britain from engaging in significant overseas trade during the 18th century.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

85. What does the term 'Urbanization' describe in the context of the Industrial Revolution?
(A) The process of turning forests into usable agricultural land for peasants.
(B) The migration of people from rural areas to growing industrial towns.
(C) The scientific study of ancient city ruins and lost civilizations.

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(D) The government policy of restricting the growth of large industrial cities.

86. What was the slogan of the French Revolution?
(A) Life, Liberty, and the Pursuit of Happiness
(B) Peace, Bread, Land
(C) Liberty, Equality, Fraternity
(D) Blood and Iron

87. Which of the following statements regarding the demographic changes in Industrial Britain is correct?
(A) The population of major cities like Manchester and Birmingham decreased.
(B) There was a massive shift of population from the North to the South of England.
(C) The percentage of people working in agriculture increased significantly.
(D) Rapid population growth in cities led to the development of industrial slums.

88. Which of the following statements regarding the relationship between the Agricultural Revolution and the Industrial Revolution is INCORRECT?
(A) The Agricultural Revolution happened long after the Industrial Revolution ended.
(B) New farming techniques increased food production.
(C) A more efficient agricultural sector released labor for factory work.
(D) Improvements in farming provided raw materials for industries like textiles.

89. Which of the following is correctly matched?
(A) Rousseau — Candide
(B) Montesquieu — The Spirit of Laws
(C) Voltaire — The Social Contract
(D) Adam Smith — Declaration of Rights

90. Which of the following is INCORRECTLY matched?
(A) Jacobins — Radical revolutionaries
(B) First Estate — Wealthy businessmen
(C) Girondins — Moderate republicans
(D) Sans-culottes — Ordinary people/workers

91. Which of the following was NOT a phase of the French Revolution between 1789 and 1799?
(A) The Bolshevik Phase
(B) The National Assembly
(C) The Legislative Assembly
(D) The Directory

92. Which of the following was a key outcome of the Directory phase in France?
(A) It achieved a reduction in the national debt through colonial expansion.
(B) It successfully reinstated Louis XVI as an absolute monarch.
(C) It paved the way for the military dictatorship of Napoleon.
(D) It abolished the French army to promote European peace.

93. How did the growth of the middle class affect 19th-century European politics?
(A) They demanded a return to the feudal land-holding systems of the Middle Ages.
(B) They campaigned for the extension of political rights and parliamentary reform.
(C) They campaigned against the technological expansion of international maritime trade.
(D) They became the primary supporters of liberal and democratic political reforms.

94. What was the impact of the Steam Engine on the transportation of industrial goods?
(A) It made transport significantly slower and more expensive than horse-drawn carriages.
(B) It led to a gradual decline in the use of canal-based transport systems.
(C) It allowed for the development of steamships and locomotives, speeding up distribution.
(D) It limited the market for manufactured industrial goods to small local villages only.

95. Read the following statements and select the correct option:
Statement I: The Industrial Revolution provided new employment opportunities for women and children.
Statement II: Women and children were often paid significantly lower wages than men for similar work.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are

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9. (B) Third Estate — Peasantry and Bourgeoisie
In the Old Regime of France, the population was divided into three distinct social orders. The Third Estate was the largest and most diverse group, comprising approximately ninety-five percent of the people. This category included wealthy merchants, professionals known as the bourgeoisie, urban artisans, and the vast peasantry, all of whom bore the entire burden of taxation.

10. (B) 1791 — France becomes a Republic
In 1791, France adopted a constitution that transformed the government into a constitutional monarchy rather than a republic. The power of the king was limited by the National Assembly and a body of laws. It was not until September 1792, after the monarchy was abolished, that France was officially declared a republic following the rise of radical factions.

11. (B) 1-3-2-4
The revolutionary timeline began with the convocation of the Estates General in May 1789. Following a voting dispute, the Third Estate took the Tennis Court Oath in June. The public uprising led to the storming of the Bastille on July 14. Finally, the National Assembly issued the Declaration of the Rights of Man and Citizen in August 1789.

12. (C) The Nobility
The Taille was a direct land tax in pre-revolutionary France from which the privileged classes were exempt. Both the clergy, who formed the First Estate, and the nobility, who formed the Second Estate, enjoyed this financial immunity. Consequently, the entire fiscal burden fell on the Third Estate, creating deep resentment and contributing to the eventual revolutionary outbreak.

13. (D) It symbolized the fall of the despotic power of the French monarchy.
The Bastille was a fortress-prison in Paris that served as a potent symbol of the French monarchy's absolute and arbitrary rule. On July 14, 1789, an angry mob stormed the structure to seize gunpowder and ammunition. Its destruction represented the collapse of royal tyranny and the beginning of the people's triumph over the traditional authority of the King.

14. (C) They provided a framework for challenging the traditional authority of the Church and State.
Enlightenment thinkers introduced concepts of reason, liberty, and equality that fundamentally questioned the status quo. By critiquing the divine right of kings and the immense privileges of the Catholic Church, these philosophers provided the intellectual justification for political reform. Their writings empowered the middle class to envision a society governed by laws and popular sovereignty rather than hereditary tradition.

15. (A) Both A and R are true and R is the correct explanation of A.
The Reign of Terror occurred during the peak of the French Revolution under the leadership of Maximilien Robespierre. As head of the Committee of Public Safety, he employed a policy of state-sanctioned violence to eliminate perceived enemies of the republic. Thousands of people, including nobles and former allies, were executed by guillotine to ensure total revolutionary compliance.

16. (D) The decree ending the feudal system of obligations and taxes.
On the night of August 4, 1789, the National Assembly passed a historic decree that formally abolished the feudal system. This legislative action ended the traditional obligations, services, and taxes that peasants owed to their lords. It also eliminated the Tithe collected by the Church and stripped the nobility and clergy of their long-standing legal and fiscal privileges.

17. (A) Those without knee breeches.
The term 'Sans-culottes' was used to describe the radical urban working class and artisans of Paris during the revolution. Unlike the wealthy nobility and bourgeoisie who wore fashionable 'culottes' or silk knee breeches, these commoners wore long trousers. The name became a badge of revolutionary identity, signifying their opposition to the aristocratic social order and traditional class distinctions.

18. (C) P-2, Q-1, R-4, S-3
The French Revolution progressed through distinct political stages. The Constitutional Monarchy lasted from 1789 until the republic was declared in 1792. The Jacobin Republic, including the Reign of Terror, spanned 1792 to

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ANSWERS

1. (A) A tax levied by the Church comprising one-tenth of agricultural produce.
In pre-revolutionary France, the Tithe was a compulsory religious tax levied by the Catholic Church on the Third Estate. It typically amounted to one-tenth of the annual agricultural harvest or produce from the peasantry. This financial burden, alongside other state taxes, contributed significantly to the economic hardship and social discontent that eventually fueled the French Revolution.

2. (C) 1789
The French Revolution was triggered in 1789 when King Louis XVI convened the Estates General to address the kingdom's financial crisis. This assembly of the three estates had not met since 1614. The meeting led to disputes over voting procedures, resulting in the Third Estate breaking away to form the National Assembly, marking the revolution's formal commencement.

3. (C) Both Statement I and Statement II are correct.
Louis XVI became the King of France in 1774, representing the Bourbon dynasty. Upon his accession, he inherited a state suffering from extreme financial depletion. Long years of war, including support for the American Revolution, and the extravagant maintenance of the royal court at Versailles had drained the treasury, forcing the monarchy to seek new taxation methods.

4. (A) Both A and R are true and R is the correct explanation of A.
The Third Estate declared itself the National Assembly in June 1789 because the monarch insisted on the traditional voting system. While the Third Estate demanded a democratic process where each individual member had one vote, the King upheld the estate-based voting system. This rejection forced the representatives of the common people to take independent revolutionary action.

5. (B) He proposed a division of power between the legislative, executive, and judiciary branches.
Charles-Louis de Secondat, Baron de Montesquieu, was an influential Enlightenment thinker who published The Spirit of the Laws. He criticized absolute monarchy and proposed that political power should be distributed among separate branches. This model of the legislative, executive, and judicial divisions was designed to prevent tyranny and protect civil liberties through a system of checks and balances.

6. (C) P-2, Q-3, R-1, S-4
Enlightenment philosophers shaped modern political and economic thought. Jean-Jacques Rousseau conceptualized the social contract between people and their government. Voltaire championed civil liberties, including freedom of speech and religion. Montesquieu argued for the separation of powers within the state. Meanwhile, Adam Smith laid the foundations of modern economics through his advocacy for laissez-faire and free-market principles.

7. (D) The demand for universal adult franchise by the French nobility.
The French Revolution was driven by social inequality, economic distress among peasants, and the rise of the educated middle class. However, the nobility did not demand universal adult franchise. Instead, they sought to protect their traditional feudal privileges and tax exemptions. The demand for broader political participation and democratic voting rights came primarily from the Third Estate.

8. (D) 1, 2, and 3
Significant revolutionary actions occurred in 1789 prior to the adoption of the Declaration of the Rights of Man and Citizen in late August. The formation of the National Assembly and the Tennis Court Oath in June established a new political authority. The storming of the Bastille in July symbolized the physical collapse of royal despotism, accelerating the revolutionary movement.

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62. (A) 1-2-3-4
The sequence of industrial inventions began with John Kay's Flying Shuttle in 1733, which improved weaving speed. This created a demand for more thread, leading to James Hargreaves' Spinning Jenny in the 1760s. Edmund Cartwright's Power Loom in 1785 then mechanized weaving. Finally, the transport revolution culminated in George Stephenson's Rocket, a successful steam locomotive introduced in 1829.

63. (B) No government interference in the economic market.
'Laissez-faire' is a French term meaning 'let them do' or 'leave it alone.' In the context of the Industrial Revolution, it refers to an economic policy where the government does not interfere in the free market. Proponents, such as Adam Smith, argued that the economy functions best when individuals are free to pursue their own interests without state regulations or tariffs.

64. (C) 18th Century
The Industrial Revolution originated in Great Britain during the eighteenth century. Although some technological seeds were planted earlier, the transition to mechanized production, the widespread use of steam power, and the development of the factory system gained significant momentum between 1760 and 1780. This period marked the beginning of a fundamental change in how goods were produced and society organized.

65. (A) It spread the ideas of popular sovereignty and individual rights.
The French Revolution profoundly influenced Europe by spreading the radical ideas of popular sovereignty and individual rights. As French armies moved across the continent, they dismantled feudal structures and introduced revolutionary concepts of legal equality. This intellectual and political legacy inspired subsequent movements for national independence and democratic reform throughout the nineteenth century, forever changing the European political landscape.

66. (C) He abolished the decimal system of weights and measures.
Napoleon did not abolish the decimal system; he actually promoted and standardized a uniform system of weights and measures, which included the decimal-based metric system. He viewed himself as a modernizer who brought order and rationality to the territories he conquered. His other legacies include the Napoleonic Code and the stabilization of post-revolutionary France, though he was ultimately defeated at Waterloo.

67. (A) Rousseau — The Social Contract
Jean-Jacques Rousseau is the author of The Social Contract, a foundational text that argues for a government based on the general will of the people. Other philosophers like Montesquieu wrote The Spirit of the Laws, while Voltaire is associated with works like Candide. John Locke is famous for his Two Treatises of Government, which influenced the concepts of natural rights and constitutional rule.

68. (D) Mirabeau — Leader of the Second Estate
Mirabeau is incorrectly matched because he was actually a leader of the National Assembly who represented the Third Estate, despite being born into the nobility. He played a crucial role in the early stages of the revolution by advocating for a constitutional monarchy. In contrast, figures like Robespierre led the radical Jacobins, and Louis XVI was the reigning Bourbon monarch.

69. (B) High-ranking officials of the Church
High-ranking officials of the Catholic Church belonged to the First Estate, not the Third Estate. The First Estate enjoyed significant land ownership and tax exemptions. The Third Estate, on the other hand, was composed of everyone else in French society, ranging from wealthy businessmen and professional lawyers to rural peasants and the urban poor, all of whom lacked these aristocratic privileges.

70. (C) That voting should be conducted by the assembly where each member has one vote.
During the meeting of the Estates General in 1789, the Third Estate demanded a change in the voting system. Traditionally, each estate had one collective vote, which always allowed the first two estates to outvote the third. The Third Estate proposed that the assembly should meet as a single body where every individual member had one vote, ensuring fairer representation.

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1794. Following Robespierre's fall, the Directory governed from 1795 to 1799. Finally, the Napoleonic Consulate marked the transition to imperial rule between 1799 and 1804.

19. (B) 1804
Napoleon Bonaparte, who had risen to power as First Consul, formally declared himself the Emperor of the French in 1804. This transition from a republican consulate to a hereditary empire was confirmed by a national plebiscite. During his coronation at Notre Dame Cathedral, he famously took the crown and placed it on his own head, asserting his supreme authority.

20. (A) Statement I is correct but Statement II is incorrect.
The Declaration of the Rights of Man and Citizen established that all men were equal before the law and possessed natural rights. However, it did not extend these political rights to women. Despite their active participation in revolutionary events, women were classified as passive citizens and were denied the right to vote or hold public office in 1789.

21. (A) 1 and 2 only
The Declaration of 1789 defined specific natural and inalienable rights belonging to all male citizens. These included the right to life, liberty, and security, as well as the freedom of speech and opinion. Economic equality was not recognized as a natural right; instead, the declaration emphasized the sanctity of private property and legal equality within the state.

22. (C) It consisted of an executive made up of five members to prevent the concentration of power.
After the fall of the Jacobin government, a new constitution established the Directory to avoid the concentration of power in a single individual. It featured an executive body of five directors chosen by the legislative councils. However, the period was marked by constant political instability, economic corruption, and frequent conflicts between the directors and the legislature, weakening the republic.

23. (D) The French monarchy had successfully taxed the First Estate to reduce the national deficit.
A major cause of the revolution was the French monarchy's failure to tax the privileged First and Second Estates. Despite facing massive national debt and a growing population, the King could not overcome the resistance of the clergy and nobility to fiscal reform. This inability to collect revenue from the wealthiest groups forced the state to burden the commoners.

24. (A) Marseillaise — The patriotic song of France
The Marseillaise was composed during the French Revolutionary Wars as a marching song for volunteer troops from Marseille. It captured the spirit of national defense against foreign monarchies and eventually became the national anthem of France. Other terms like the guillotine, Jacobins, and Convention relate to execution methods, radical clubs, and revolutionary legislatures, respectively.

25. (B) Olympe de Gouges — General of the French Army
Olympe de Gouges was a prominent French playwright and political activist, not a military general. She is best known for writing the Declaration of the Rights of Woman and of the Female Citizen in 1791. She challenged the revolutionary government to extend the principles of liberty and equality to women, eventually facing execution during the radical Reign of Terror.

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26. (A) Both A and R are true and R is the correct explanation of A.
The French Revolution is a landmark event because it dismantled the absolute monarchy and the feudal social structure. By promoting the universal ideals of liberty, equality, and fraternity, it inspired movements for democracy and national self-determination globally. These principles fundamentally altered the relationship between the state and its citizens, moving from a system of subjects to one of rights.

27. (A) Establishment of a permanent communist state.
While the French Revolution abolished feudalism and fostered nationalism and democratic ideals, it did not establish a communist state. Communism is a nineteenth-century ideological development. The revolution primarily facilitated the rise of the bourgeoisie and a capitalist framework. While radical groups like the Conspiracy of Equals

45. (D) It forced displaced rural laborers to migrate to cities in search of work.
The Enclosure Movement in Britain involved the fencing off of common lands by wealthy landowners to create large, efficient farms. This process deprived many small-scale farmers and laborers of their traditional means of subsistence. Finding themselves without land or employment in the countryside, these displaced workers were forced to migrate to cities, providing the massive labor force needed for the factories.

46. (D) 1, 2, and 3
Britain's industrial dominance was built upon a combination of natural, financial, and political advantages. The country possessed abundant domestic supplies of coal and iron ore. Centuries of successful overseas trade and colonization provided the necessary capital for investment. Furthermore, Britain's colonies served as a guaranteed global market for its mass-produced goods, ensuring continuous economic demand and growth.

47. (A) Statement I is correct but Statement II is incorrect.
The Industrial Revolution fundamentally altered the social structure by creating two major classes: the industrial bourgeoisie and the proletariat. However, the living conditions for the early working class were far from excellent. Industrial cities were often characterized by extreme overcrowding, poor sanitation, inadequate housing, and the rapid spread of infectious diseases, leading to high mortality rates among urban workers.

48. (A) Both A and R are true and R is the correct explanation of A.
The harsh realities of the Industrial Revolution, including low wages, dangerous working conditions, and long hours, led to widespread dissatisfaction among the proletariat. This social misery prompted thinkers and workers to advocate for more equitable economic systems. Socialism emerged as a response to these conditions, calling for collective or state ownership of resources to replace the inequities of unrestrained capitalism.

49. (A) The urban working class who sold their labor for wages.
The 'Proletariat' is a term used to describe the class of urban industrial workers that emerged during the Industrial Revolution. Unlike the nobility or the bourgeoisie, the proletariat owned no means of production, such as land or machinery. Consequently, they were entirely dependent on selling their physical labor to factory owners in exchange for wages to survive in the growing industrial economy.

50. (C) Cotton Textiles
The cotton textile industry was the first to undergo large-scale mechanization during the eighteenth century. Innovations such as the flying shuttle, spinning jenny, and water frame allowed for a massive increase in production. The demand for cotton cloth, both domestically and internationally, drove further technological advancements, eventually making the textile sector the cornerstone of Britain's early industrial economy and global trade dominance.

51. (A) It was based on private ownership of the means of production and the profit motive.
Capitalism became the dominant economic system during the Industrial Revolution. It is characterized by the private ownership of the means of production, including factories, mines, and railroads. In this system, individuals and corporations invest capital to produce goods and services with the primary goal of making a profit. This competitive environment encouraged technological innovation and the rapid expansion of global trade networks.

52. (D) It caused a decrease in the overall population of European countries.
Contrary to the idea of a population decline, Europe experienced a massive population increase during the Industrial Revolution. Improvements in food production and later medical advancements led to lower death rates. The social problems of the era were not caused by a shrinking population, but by the rapid concentration of people in cities, leading to the growth of slums and exploitative labor practices.

53. (B) Edmund Cartwright — Power Loom
Edmund Cartwright was a pioneer in the mechanization of the weaving process. In 1785,

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goods. Additionally, Britain possessed a powerful navy and a sophisticated banking system that facilitated international trade and provided the necessary capital for industrial investment.

37. (A) Both A and R are true and R is the correct explanation of A.
The proximity of iron ore and coal was a decisive factor in Britain's industrialization. Coal replaced wood as the primary energy source, providing the high temperatures needed to smelt iron for machinery and infrastructure. Furthermore, coal served as the essential fuel for steam engines, which powered the factories and locomotives that drove the economic transformation of the nineteenth century.

38. (C) Steam power played no role in the development of the railway industry.
The assertion that steam power played no role in the development of the railway industry is factually incorrect. In reality, the invention of high-pressure steam engines was the critical technology that enabled the creation of locomotives. Steam-powered trains revolutionized transportation by allowing for the rapid and efficient movement of heavy goods and people across the country, accelerating industrial growth.

39. (D) James Watt — Improved Steam Engine
James Watt is celebrated for his significant improvements to the steam engine, which made it efficient enough for widespread industrial use. While earlier models existed, Watt's design included a separate condenser that saved energy. This innovation allowed steam power to be applied to diverse sectors, including textiles, mining, and transport, serving as the primary engine of the Industrial Revolution's success.

40. (A) James Hargreaves — Power Loom
James Hargreaves is incorrectly matched with the power loom; he actually invented the Spinning Jenny in the 1760s. The power loom, which mechanized the weaving process, was developed by Edmund Cartwright in 1785. The Spinning Jenny significantly increased the speed at which thread could be produced, while the power loom later balanced this by accelerating the production of cloth.

41. (B) Heavy government restriction on the export of manufactured goods to colonies.
Britain's industrial success was not due to heavy government restrictions on exports. On the contrary, the British government generally supported mercantilist and later free-trade policies that encouraged the global distribution of manufactured goods. Key factors included the availability of investment capital, a surplus of displaced agricultural labor, and a culture that promoted scientific inquiry and technological experimentation.

42. (B) P-2, Q-3, R-4, S-1
The mechanization of the textile industry involved several key inventors. James Hargreaves created the Spinning Jenny to spin multiple threads at once. Richard Arkwright developed the Water Frame, which used water power for spinning. Edmund Cartwright invented the Power Loom for weaving. Finally, James Watt provided the power source for these machines by significantly improving the efficiency of the steam engine.

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43. (A) Workers were concentrated in large urban centers under strict industrial supervision.
The transition from the domestic system to the factory system radically changed the social landscape. Under the domestic system, people worked in their homes. The factory system, however, concentrated workers in large buildings within urban centers. This shift led to the growth of industrial cities, where laborers worked under strict supervision, followed rigid schedules, and became part of a new urban proletariat.

44. (C) It created a nationwide market by reducing the time and costs associated with travel.
The development of railways was a transformative force in the industrialization process. By providing a fast and reliable method for transporting heavy raw materials and finished goods, railways created a unified nationwide market. This significantly reduced transportation costs and travel time, stimulating further industrial expansion and encouraging the growth of the coal, iron, and steel sectors across the European continent.

incorrect.

96. Which term describes the socio-political system where land is granted in exchange for service and labor?
(A) Capitalism
(B) Socialism
(C) Mercantilism
(D) Feudalism

97. In which year was the 'Declaration of the Rights of Man and Citizen' adopted?
(A) 1776
(B) 1789
(C) 1793
(D) 1804

98. Which of the following statements regarding the Napoleonic Code (1804) is correct?
(A) It reinstated the feudal privileges of the nobility.
(B) It granted the Church the power to oversee the legal system.
(C) It established equality before the law and secured the right to property.
(D) It abolished the use of a uniform system of weights and measures.

99. Which of the following statements regarding French society before 1789 is INCORRECT?
(A) The Third Estate was primarily made up of the urban poor and landless laborers.
(B) Peasants made up about 90% of the population.
(C) Only a small number of peasants owned the land they cultivated.
(D) The Church and the nobility together owned about 60% of the land.

100. Which of the following is correctly matched?
(A) George Stephenson — Power Loom
(B) Edmund Cartwright — Steam Locomotive
(C) Richard Arkwright — Spinning Jenny
(D) James Watt — Improved Steam Engine

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he patented the power loom, which used water power or steam power to drive the weaving machinery. This invention was crucial because it allowed cloth production to keep pace with the massive increase in thread production enabled by earlier spinning inventions like the water frame and spinning mule.

54. (C) P-2, Q-1, R-4, S-3
Industrialization is defined by several key concepts. Urbanization is the physical migration of people from rural areas to cities. Capitalism is an economic system focused on private profit. Socialism advocates for the collective or state ownership of resources to ensure social equity. Lastly, the Luddites were groups of workers who famously protested industrialization by destroying the new machinery they blamed for unemployment.

55. (D) Eli Whitney — Power Loom
Eli Whitney is incorrectly matched with the power loom; he is best known for inventing the cotton gin in 1793. The cotton gin revolutionized the processing of raw cotton by quickly separating seeds from the fiber. The power loom was actually invented by Edmund Cartwright. Other figures like Adam Smith and James Watt are correctly associated with their respective theories and technological innovations.

56. (B) The decline of the urban middle class.
The Industrial Revolution did not lead to a decline of the urban middle class; instead, it fueled its unprecedented growth. This group, including factory owners, bankers, and professionals, gained significant wealth and political influence. While industrialization caused pollution and stimulated colonialism, it strengthened the middle class, which became the primary driver of economic expansion and later political reforms in European society.

57. (B) From the domestic system to the centralized factory system of production.
The most fundamental shift during the Industrial Revolution was the transition from the domestic system to the factory system. In the domestic system, workers produced goods in their own homes using hand tools. The factory system centralized production in large facilities where workers operated expensive, heavy machinery. This allowed for greater efficiency, standardized production, and closer management control over labor.

58. (D) 1 and 3 only
Urbanization in the nineteenth century was characterized by a massive influx of people into cities, which led to severe overcrowding and the growth of slums. While public health eventually became a priority, sanitation for the poor was initially dismal. Additionally, the expansion of industrial production was accompanied by a rapid growth in the service sector, including banking, commerce, and administrative services.

59. (A) It created a system where workers became dependent on factory owners for wages.
The rise of capitalism created a new economic dynamic for the working class. As production moved from small homes to large factories, laborers no longer owned their tools or the finished products. They became 'wage slaves,' entirely dependent on factory owners for their livelihood. This dependency gave owners significant power over working hours, wages, and safety conditions, leading to the rise of labor movements.

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60. (C) Heavy reliance on coal-fired steam engines and high-volume iron smelting.
Environmental degradation during the Industrial Revolution was primarily caused by the intensive use of fossil fuels and the processes of heavy industry. Coal-fired steam engines released massive amounts of soot and toxic smoke into the air, while iron smelting and chemical production contaminated local water sources. The rapid, unregulated growth of industrial towns exacerbated these issues, leading to severe pollution and public health crises.

61. (A) Statement I is correct but Statement II is incorrect.
While the Industrial Revolution began in the eighteenth century and continued through the nineteenth, it was not confined to Great Britain until the mid-1800s. Industrial techniques spread to Belgium, France, and parts of Germany by the early nineteenth century. By 1850, many Western European nations and the United States were rapidly industrializing, adopting British machinery and building factory systems.

existed, they did not create a lasting communist government in 18th-century France.

28. (C) The political instability of the Directory and its frequent clashes with legislative councils.
The rise of Napoleon Bonaparte was largely due to the political chaos and weakness of the Directory. Between 1795 and 1799, the executive body frequently clashed with the legislative councils, leading to a power vacuum. As a successful military general, Napoleon seized this opportunity to stage a coup d'état, promising stability and order to a nation weary of revolution.

29. (D) It inspired people to identify themselves as citizens of a nation with shared rights and duties.
The French Revolution redefined the concept of the nation by shifting sovereignty from the monarch to the people. It fostered a sense of collective identity based on shared laws, language, and revolutionary values. This modern nationalism spread across Europe, encouraging various ethnic and cultural groups to seek independent states where they could exercise their rights and fulfill their civic duties.

30. (C) P-2, Q-3, R-1, S-4
Key revolutionary events led to significant political transformations. The Tennis Court Oath was a pledge to draft a national constitution. The August 4 Decree resulted in the immediate end of feudal privileges. The Civil Constitution of the Clergy brought the Church under state control. Finally, the Treaty of Amiens temporarily established peace between the French Republic and Great Britain in 1802.

31. (B) The idea that sovereignty resides in the nation and its people.
Members of the Third Estate were heavily influenced by the Enlightenment concept that political authority comes from the people rather than divine right. This idea of popular sovereignty justified their demand for a representative government. By viewing the nation as the ultimate source of power, they sought to replace the absolute rule of the king with a system based on collective will.

32. (D) The educated and wealthy middle class belonging to the Third Estate.
The Bourgeoisie refers to the prosperous and educated middle class within the Third Estate of pre-revolutionary France. This group included lawyers, doctors, merchants, manufacturers, and administrative officials. Although they possessed significant wealth and intellectual influence, they lacked the social status and political power reserved for the nobility, making them a primary force for revolutionary change and reform.

33. (C) July 14, 1789
On July 14, 1789, the people of Paris attacked the Bastille, a medieval fortress used as a state prison. The crowd sought to acquire gunpowder and release prisoners held by the king. This event is celebrated annually as Bastille Day, marking the definitive start of the popular revolution and the collapse of the Old Regime's absolute authority over the capital.

34. (B) 1 and 3 only
The First Estate consisted of the Catholic clergy, who enjoyed immense power and influence. They held high administrative positions and owned approximately ten percent of the land in France. Crucially, they were exempt from paying most taxes, including the 'Taille'. The burden of the 'Taille' was carried exclusively by the Third Estate, which included the peasantry and the middle class.

35. (A) Statement I is correct but Statement II is incorrect.
The Jacobins were a radical political club that advocated for the interests of the common people and the establishment of a republic. While the Girondins were their primary rivals, they were not the most conservative faction; they were moderate republicans. The truly conservative elements were the royalists, who sought to preserve the monarchy and the traditional social order of the Old Regime.

36. (D) Britain possessed vast colonial markets and a stable political environment for trade.
Great Britain's leadership in the Industrial Revolution was driven by its extensive colonial empire and a stable political environment. The colonies provided a vast source of cheap raw materials and a captive market for manufactured

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71. (D) By encouraging the use of reason and logic to evaluate social and political institutions.
The Enlightenment fostered a cultural shift by encouraging people to use reason and logic to evaluate their social and political surroundings. Thinkers challenged traditional authorities, such as the absolute monarchy and the Church, by questioning the fairness of the social order. This intellectual environment provided the French middle class with the concepts needed to demand institutional reform and legal equality.

72. (A) The legislative and executive powers would be handled by different branches of government.
If a government follows Montesquieu's principles, it will implement a separation of powers. This means that the authority to make laws, execute laws, and interpret laws is divided among three distinct branches: the legislative, executive, and judiciary. This structural arrangement is designed to prevent any single person or group from gaining absolute control, thereby protecting the liberty of the citizens from tyranny.

73. (C) Both Statement I and Statement II are correct.
France provided critical military and financial support to the thirteen American colonies during their war for independence against Great Britain. While successful, this intervention was extremely costly. The war added over a billion livres to the French national debt, which was already over two billion livres. This financial strain forced the monarchy to consider new taxes, leading directly to the 1789 crisis.

74. (B) Old Regime
The term 'Old Regime' (Ancien Régime) is used to describe the socio-political system of France before the Revolution of 1789. It was characterized by an absolute monarchy and a rigid social hierarchy divided into three estates. Under this system, the clergy and nobility enjoyed vast privileges and exemptions, while the common people bore the economic and social burdens of the state.

75. (C) Louis XVI
Louis XVI was the reigning King of France when the revolution began in 1789. He ascended to the throne in 1774 and faced a kingdom plagued by debt and social inequality. His indecisiveness and failure to implement necessary fiscal reforms exacerbated the crisis. Eventually, the revolutionary government abolished the monarchy, and Louis XVI was tried and executed by guillotine in January 1793.

76. (C) It was the primary executive body during the Reign of Terror.
The Committee of Public Safety was created in 1793 to protect the new republic from internal and external threats. Under the leadership of Maximilien Robespierre, it became the de facto executive government of France. During the Reign of Terror, it exercised near-dictatorial powers, overseeing the arrest and execution of thousands of individuals accused of being counter-revolutionaries or enemies of the state.

77. (D) It explicitly granted full political rights and voting power to all women.
The Declaration of the Rights of Man and Citizen is often criticized for its failure to include women. While it proclaimed universal human rights and equality before the law for men, it did not grant political rights or voting power to women. This exclusion led to protests by activists like Olympe de Gouges, who argued that equality should apply to all citizens regardless of gender.

78. (C) James Hargreaves — Spinning Jenny
James Hargreaves was a British weaver and inventor who developed the Spinning Jenny around 1764. This device allowed a single operator to spin several threads of cotton simultaneously, greatly increasing productivity. Other inventors mentioned, like Arkwright, Cartwright, and Crompton, developed different machines, such as the water frame, power loom, and spinning mule, which collectively transformed the textile industry.

79. (B) John Kay — Spinning Mule
John Kay is incorrectly matched with the spinning mule; he actually invented the flying shuttle in 1733. The spinning mule was invented by Samuel Crompton in 1779, combining the features of the spinning jenny and the water frame. Figures like James Watt and George Stephenson are correctly associated with their foundational roles in developing the steam engine and the steam locomotive, respectively.

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26. Which movement was launched in India in 1942 as a direct result of the circumstances of World War II?
(A) Non-Cooperation Movement
(B) Quit India Movement
(C) Civil Disobedience Movement
(D) Swadeshi Movement

27. The term "V-E Day" refers to the victory in which theater of World War II?
(A) Europe
(B) Pacific
(C) Africa
(D) Asia

28. Read the statements given below about the Indian National Army (INA):
1. It was formed to fight for India's independence from British rule.
2. It was led by Subhas Chandra Bose during World War II.
3. It collaborated with the Allied Powers against the Axis.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

29. What is the defining characteristic of "Militarism" as a cause of WWI?
(A) The belief in peaceful negotiations between rival nation-states
(B) The systematic reduction of standing armies and naval fleets
(C) The total abolition of military alliances and defense treaties
(D) The glorification of military power and competitive arms races

30. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The League of Nations failed to prevent the Second World War.
Reason (R): It lacked a military force and major powers like the USA did not join it.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. In the context of WWI causes, which alliance was formed by Germany, Austria-Hungary, and Italy?
(A) Triple Entente
(B) Triple Alliance
(C) Allied Powers
(D) Axis Powers

32. Read the statements given below regarding the Battle of Britain:
Statement I: The Battle of Britain was primarily an air campaign fought between the Luftwaffe and the RAF.
Statement II: The Battle of Britain resulted in a successful German land invasion of the United Kingdom.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

33. Which city was the first to be hit by an atomic bomb in August 1945?
(A) Hiroshima
(B) Nagasaki
(C) Tokyo
(D) Kyoto

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34. Which of the following is an incorrect statement regarding the redrawing of the map of Europe after WWI?
(A) Poland was recreated as an independent nation.
(B) New nations like Czechoslovakia and Yugoslavia were formed.
(C) The Austro-Hungarian Empire remained intact.
(D) Germany lost territory to neighboring countries.

35. Match the list of battles or events with their descriptions:
List I: (Battle/Event)

Improvements in farming, such as crop rotation and the seed drill, increased the food supply and allowed the population to grow. This surplus of food and labor was a necessary prerequisite for the development of factories.

89. (B) Montesquieu — The Spirit of Laws
Baron de Montesquieu is the author of The Spirit of Laws, where he proposed the theory of the separation of powers. Other matches in the list are incorrect: Rousseau wrote The Social Contract, and Voltaire is known for Candide. Adam Smith wrote The Wealth of Nations. These thinkers collectively provided the intellectual foundation for the political and economic changes seen in Europe.

90. (B) First Estate — Wealthy businessmen
The First Estate is incorrectly matched with wealthy businessmen. In the social order of pre-revolutionary France, the First Estate consisted entirely of the clergy. Wealthy businessmen, merchants, and professionals were part of the Third Estate. While the Third Estate included a wide range of economic groups, the First and Second Estates were strictly defined by their religious and noble status.

91. (A) The Bolshevik Phase
The Bolshevik Phase was part of the Russian Revolution of 1917, not the French Revolution of 1789. The French Revolution progressed through several distinct stages, including the National Assembly, the Legislative Assembly, the radical National Convention (Jacobin Republic), and finally the Directory. These phases reflected the changing political goals and power struggles within France during that tumultuous revolutionary decade.

92. (C) It paved the way for the military dictatorship of Napoleon.
The Directory phase (1795-1799) was characterized by significant political instability and corruption. The five-member executive frequently argued with the legislature, making the government appear weak and ineffective. This instability created a power vacuum that allowed a charismatic and successful military leader like Napoleon Bonaparte to seize control in a coup, eventually leading to his own military dictatorship and empire.

93. (D) They became the primary supporters of liberal and democratic political reforms.
During the 19th century, the growing middle class, enriched by the Industrial Revolution, became a powerful political force. They generally supported liberal ideas, such as constitutional government, individual rights, and the expansion of the voting franchise. Because their wealth came from trade and industry rather than land, they sought to reform the old political systems that favored the traditional aristocracy.

94. (C) It allowed for the development of steamships and locomotives, speeding up distribution.
The application of the steam engine to transportation was a revolutionary development. Steam-powered locomotives and steamships allowed goods to be moved much faster and more reliably than by horse or sail. This expanded the market for industrial products, as factories could now easily reach distant customers. It also facilitated the rapid transport of raw materials like coal and iron ore.

95. (C) Both Statement I and Statement II are correct.
The Industrial Revolution created a high demand for labor, leading many women and children to find work in factories and mines. However, they faced significant exploitation. Owners often preferred hiring women and children because they could be paid much lower wages than adult men for performing similar tasks. Furthermore, children were often used for dangerous jobs in tight industrial spaces.

96. (D) Feudalism
Feudalism was the dominant socio-political system in medieval and early modern Europe. It was based on a hierarchy where the monarch and nobility granted land (fiefs) to vassals in exchange for military service and loyalty. At the bottom of the system, peasants or serfs worked the land and provided labor and a portion of their crops to their lords in return for protection.

97. (B) 1789
The 'Declaration of the Rights of Man and Citizen' was adopted by the National Constituent Assembly of France in August 1789. This document was a core statement of the values of the French Revolution, influenced by Enlightenment philosophy. It outlined the

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80. (D) Strict government prohibition of all forms of foreign trade.
Britain became known as the "Workshop of the World" precisely because it did not prohibit foreign trade. Instead, it aggressively expanded its international commerce. Factors that contributed to its dominance included its naval power, which secured trade routes, its rich natural resources like coal and iron, and a surplus of cheap labor resulting from changes in the agricultural sector and population growth.

81. (A) It introduced the modern concepts of individual rights and representative government.
The French Revolution is historically significant because it introduced and popularized the foundational principles of modern democracy. By asserting that power resides in the people and that all citizens possess fundamental rights, it challenged the ancient system of absolute rule. These concepts paved the way for the development of representative governments and constitutional systems of law that define democratic nations today.

82. (C) The Reign of Terror involved the radical suppression of political dissent through execution.
The Reign of Terror was a much more radical and violent phase than the initial Constitutional Monarchy. While the first phase sought to share power between the King and an assembly under a constitution, the Reign of Terror involved the total abolition of the monarchy. It was characterized by the extreme use of the guillotine to eliminate any political opposition and ensure revolutionary purity.

83. (A) The sense of national unity and brotherhood among the citizens of a nation.
The ideal of 'Fraternity' from the French Revolution is the ancestor of modern national unity. It suggests that the citizens of a country are part of a common family or brotherhood, bound by shared values and mutual responsibilities. This concept was essential for building the modern nation-state, where people identify with each other as fellow citizens rather than being divided by local loyalties.

84. (A) Statement I is correct but Statement II is incorrect.
Britain's island geography was a major advantage, as the English Channel protected it from the direct physical devastation of the Napoleonic Wars. However, this did not mean Britain was isolated from trade. On the contrary, its geography made it a natural maritime power. Britain used its navy to dominate the seas, enabling it to maintain and expand its extensive global trade networks.

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85. (B) The migration of people from rural areas to growing industrial towns.
Urbanization refers to the demographic shift where an increasing percentage of the population lives in cities and towns rather than rural villages. During the Industrial Revolution, this process was driven by the need for labor in newly established factories. Millions of people moved to growing industrial hubs like Manchester and Leeds, permanently changing the social and economic character of the nation.

86. (C) Liberty, Equality, Fraternity
'Liberty, Equality, Fraternity' (Liberté, Égalité, Fraternité) became the enduring slogan of the French Revolution. It encapsulated the core goals of the movement: the freedom of individuals from tyranny, the legal and social equality of all citizens, and the sense of national brotherhood and unity. These values continue to serve as the national motto of France and have influenced democratic movements worldwide.

87. (D) Rapid population growth in cities led to the development of industrial slums.
The Industrial Revolution caused a massive shift in Britain's population from the countryside to the cities. This rapid urbanization happened so quickly that city infrastructure could not keep up. Consequently, large numbers of workers were forced into overcrowded, unhygienic, and poorly built housing known as industrial slums. This led to high rates of disease and poor living conditions for workers.

88. (A) The Agricultural Revolution happened long after the Industrial Revolution ended.
It is historically incorrect to say the Agricultural Revolution happened long after the Industrial Revolution. In fact, the Agricultural Revolution preceded and overlapped with industrialization.

CHAPTER 19

World History : First and Second World Wars

1. What was the exact year the First World War concluded with an armistice?
(A) 1914
(B) 1917
(C) 1918
(D) 1919

2. Read the statements given below regarding the First World War:
Statement I: The Triple Alliance included Germany, Austria-Hungary, and Italy.
Statement II: The Triple Entente was formed primarily by Britain, France, and Russia.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

3. Which specific region was the center of intense nationalist tensions leading to the "Balkans Crisis" before 1914?
(A) The Balkan Peninsula
(B) Scandinavia
(C) The Iberian Peninsula
(D) The Baltic States

4. Which of the following was NOT a new technological weapon introduced during the First World War?
(A) Poison gas
(B) Tanks
(C) Combat aircraft
(D) Nuclear warheads

5. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The assassination of Archduke Franz Ferdinand is considered the immediate cause of World War I.
Reason (R): It triggered a chain reaction of alliance obligations that brought major European powers into conflict.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Which term describes the military strategy where soldiers fought from deep, protective ditches, leading to a long-term stalemate on the Western Front?
(A) Blitzkrieg
(B) Guerrilla warfare
(C) Trench warfare
(D) Island hopping

7. Following are some major events of the First World War. Arrange them in the correct chronological order:
1. Entry of the USA into the war
2. Assassination of Archduke Franz Ferdinand
3. Signing of the Treaty of Versailles
4. Signing of the Armistice
(A) 2-1-4-3
(B) 1-2-3-4
(C) 2-4-1-3
(D) 4-1-2-3

8. In which year did the United States officially enter the First World War?
(A) 1914
(B) 1915

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(A) 1914
(B) 1915
(C) 1916
(D) 1918

44. Which of the following was a result of the Montagu-Chelmsford reforms in India?
(A) The immediate granting of Purna Swaraj to all Indians
(B) The total and sudden abolition of the British Raj
(C) The introduction of Diarchy at the provincial level
(D) The immediate exit of India from the World War I

45. Match the list of WWI terms with their definitions:
List I: (WWI Terms)
P. Armistice
Q. Reparations
R. Entente
S. Nationalism
List II: (Definition)
1. Money paid by a defeated nation for war damages
2. An agreement to stop fighting
3. Intense pride and devotion to one's own nation
4. An informal alliance or understanding between nations
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

46. Which nation withdrew from WWI in 1918 following a domestic revolution and the Treaty of Brest-Litovsk?
(A) France
(B) Italy
(C) Russia
(D) USA

47. Read the statements given below regarding the Great Depression:
Statement I: The Great Depression began with the stock market crash in the United States in 1929.
Statement II: The economic crisis led to high unemployment and political instability worldwide.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

48. What was the status of the USA at the very beginning of both World War I and World War II?
(A) It joined the Axis immediately.
(B) It was the first nation to declare war.
(C) It was an original member of the Triple Alliance.
(D) It maintained a policy of neutrality.

49. Identify the correct pair:
(A) V-J Day - Victory over Japan, 1945
(B) V-E Day - Victory in Egypt, 1945
(C) Operation Barbarossa - Invasion of Italy
(D) Pearl Harbor - German attack on USA

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50. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): World War II contributed to the beginning of the Cold War.
Reason (R): The war left the USA and the USSR as the two dominant and competing superpowers.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

51. Which document ended the state of war between Germany and the Allied Powers in 1919?
(A) Treaty of Versailles
(B) Treaty of Paris
(C) Treaty of London
(D) Treaty of Berlin

52. Read the statements given below regarding the redrawing of maps after WWII:
1. Many Asian and African colonies began to

(A) 1-4-2-3
(B) 4-1-3-2
(C) 1-2-4-3
(D) 2-1-4-3

18. Read the statements given below regarding the Great Depression:
1. It was a severe global economic downturn in the 1930s.
2. It contributed to the rise of extremist political movements in Europe.
3. It had no impact on the stability of the League of Nations.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

19. Match the list of events with their respective years:
List I: (Event)
P. Invasion of Poland
Q. Attack on Pearl Harbor
R. Treaty of Versailles
S. End of World War II
List II: (Year)
1. 1941
2. 1919
3. 1939
4. 1945
(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-2, R-1, S-4
(D) P-4, Q-3, R-2, S-1

20. Which policy followed by Britain and France involved making concessions to Hitler to avoid war?
(A) Containment
(B) Isolationism
(C) Detente
(D) Appeasement

21. What was the code name for the German invasion of the Soviet Union in 1941?
(A) Operation Overlord
(B) Operation Barbarossa
(C) Operation Sea Lion
(D) Operation Torch

22. Read the statements given below regarding the Holocaust:
Statement I: The Holocaust was the state-sponsored systematic persecution and genocide of Jews by Nazi Germany.
Statement II: The Holocaust resulted in the deaths of approximately six million Jews.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

23. Which event triggered the official entry of the United States into World War II?
(A) The Fall of France
(B) The Battle of Stalingrad
(C) The invasion of Poland
(D) The attack on Pearl Harbor

24. Which of the following was NOT an effect of the Second World War?
(A) Strengthening of the Austro-Hungarian Empire
(B) Formation of the United Nations
(C) Beginning of the Cold War
(D) A global wave of decolonization

25. Match the list of leaders with their respective countries:
List I: (Leader)
P. Adolf Hitler
Q. Benito Mussolini
R. Winston Churchill
S. Joseph Stalin
List II: (Country)
1. Italy
2. Great Britain
3. Germany
4. Soviet Union
(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-3, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-2, R-1, S-4

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(C) 1916
(D) 1917

9. Identify the incorrect pair regarding World War I battles:
(A) Battle of Verdun - Massive casualties
(B) Battle of Dunkirk - 1914 border conflict
(C) Battle of the Somme - Major British-French offensive
(D) Battle of the Marne - Early war mobile combat

10. Match the list of empires with their respective outcomes after WWI:
List I: (Empire)
P. Ottoman Empire
Q. Austro-Hungarian Empire
R. Russian Empire
S. German Empire
List II: (Outcome after WWI)
1. Replaced by a republic/lost overseas colonies
2. Faced revolution and withdrew from war early
3. Disintegrated into several new nations like Austria and Hungary
4. Faced collapse and redrawing of Middle East borders
(A) P-4, Q-3, R-2, S-1
(B) P-3, Q-4, R-1, S-2
(C) P-1, Q-2, R-3, S-4
(D) P-2, Q-1, R-4, S-3

11. Which major revolution occurred in 1917, causing a major power to withdraw from the First World War?
(A) The Russian Revolution
(B) The French Revolution
(C) The American Revolution
(D) The Industrial Revolution

12. Read the statements given below regarding the League of Nations:
1. It was formed after World War I to maintain world peace.
2. It aimed to prevent future conflicts through international cooperation.
3. The United States was its primary and most active leading member.
Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 2 and 3 only
(C) 1 and 2 only
(D) 1, 2, and 3

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13. What was the primary purpose of Article 231 of the Treaty of Versailles?
(A) To establish the League of Nations
(B) To return Alsace-Lorraine to Germany
(C) To divide the Ottoman Empire
(D) To place full "war guilt" on Germany

14. Identify the correct statement regarding the impact of World War I on India:
(A) India remained completely neutral and sent no troops.
(B) The British government immediately granted India full independence.
(C) The war led to the introduction of the Montagu-Chelmsford reforms.
(D) Indian soldiers refused to serve on the Western Front.

15. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The Treaty of Versailles is often criticized for being too harsh on Germany.
Reason (R): It forced Germany to accept total responsibility for the war and pay massive reparations.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Which ideology, led by Benito Mussolini, rose to power in Italy during the inter-war period?
(A) Communism
(B) Liberalism
(C) Absolutism
(D) Fascism

17. Following are some major events of the Second World War. Arrange them in the correct chronological order:
1. Invasion of Poland
2. Attack on Pearl Harbor
3. Atomic bombing of Hiroshima
4. Battle of Britain

P. Battle of Verdun
Q. Dunkirk
R. Operation Barbarossa
S. Somme

List II: (Description)

1. German invasion of the USSR
2. Massive British and French offensive in 1916
3. One of the longest and costliest battles of WWI
4. Evacuation of Allied soldiers from France in 1940

(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

36. Which international organization was established in 1945 to replace the failed League of Nations?
(A) NATO
(B) The European Union
(C) The Warsaw Pact
(D) The United Nations

37. Read the statements given below regarding the Archduke Franz Ferdinand:
Statement I: The assassination of Archduke Franz Ferdinand took place in Sarajevo.
Statement II: The Archduke was the heir to the throne of the Ottoman Empire.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

38. Which term best describes the intense competition between European nations for colonies and resources in Africa and Asia before WWI?
(A) Nationalism
(B) Isolationism
(C) Imperialism
(D) Socialism

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39. Identify the incorrect statement regarding the Treaty of Versailles:
(A) It forced Germany to pay reparations for war damages.
(B) It placed the Rhineland under demilitarization.
(C) It created the League of Nations as part of the settlement.
(D) It allowed Germany to maintain a large and powerful air force.

40. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The Second World War led to a wave of decolonization across Asia and Africa.
Reason (R): European colonial powers were economically and militarily exhausted after the war.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

41. Which event marked the official start of the Second World War in September 1939?
(A) The bombing of Pearl Harbor
(B) The German invasion of Poland
(C) The signing of the Munich Agreement
(D) The Battle of Stalingrad

42. Read the statements given below about the causes of WWI:

1. The alliance system created a situation where a local conflict could become a general war.
2. Nationalist movements in the Balkans threatened the stability of multi-ethnic empires.
3. The arms race between Britain and Germany was primarily focused on naval power.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

43. In which year did the “Battle of the Somme” take place?

universal rights of citizens, including liberty, property, and resistance to oppression, and asserted that sovereignty resides in the nation.

98. (C) It established equality before the law and secured the right to property.
The Napoleonic Code, also known as the Civil Code of 1804, was a landmark legal reform. It replaced a patchwork of local laws with a uniform national system. The code established the principle of equality before the law, abolished feudal privileges, and gave legal protection to private property. These reforms were spread across Europe by Napoleon's conquests, influencing many modern legal systems.

99. (A) The Third Estate was primarily made up of the urban poor and landless laborers.
It is incorrect to say the Third Estate was primarily made up of the urban poor. While it did include the urban poor and landless laborers, it also contained the wealthy bourgeoisie and a vast population of rural peasants. The Third Estate was a massive, diverse category representing ninety-eight percent of the population, ranging from the most destitute to prosperous professionals.

100. (D) James Watt — Improved Steam Engine
James Watt is correctly matched with his invention, the improved steam engine. By adding a separate condenser, Watt made the engine far more efficient and practical for industrial applications. This invention was the driving force behind the mechanization of factories, the draining of deep mines, and the birth of the railway age, making it the most critical technological advancement of the era.

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gain independence.
2. Germany was divided into occupation zones.
3. The League of Nations was expanded to include more colonies.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

53. What was the primary reason for the failure of the "Appeasement Policy"?
(A) It led to an immediate and large-scale invasion of Britain.
(B) It made Hitler more aggressive by showing weakness.
(C) It was rejected by the United States Congress and President.
(D) It directly caused the start of the 1917 Russian Revolution.

54. Which of the following was a major consequence of the decline of the Ottoman Empire after WWI?
(A) The total unification of the sovereign states of Germany
(B) The expansion of the Austro-Hungarian Empire
(C) The formation of several new states in the Middle East
(D) The immediate and total collapse of the British Empire

55. Match the list of weapons with the years they were first used extensively in modern warfare:
List I: (Weapon)
P. Poison Gas
Q. Atomic Bomb
R. Tanks
S. Blitzkrieg
List II: (Year of Significant Introduction)
1. 1945
2. 1915
3. 1916
4. 1939
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

56. In the context of WWII, what does "Genocide" refer to in the Holocaust?
(A) The deliberate killing of a large group of people, especially those of a particular ethnic group
(B) The accidental death of non-combatant civilians during strategic aerial bombings
(C) The forced relocation of targeted populations to newly acquired foreign territories
(D) The systematic economic blockade of a nation to force a diplomatic surrender

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57. Read the statements given below regarding the Indian response to WWII:
Statement I: The Quit India Movement was launched in response to the failure of the Cripps Mission during WWII.
Statement II: The Indian National Congress supported the British war effort without any conditions.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

58. Which of the following was NOT a member of the Triple Entente in 1914?
(A) France
(B) Italy
(C) Russia
(D) Great Britain

59. What was the exact date of the Armistice ending the fighting in WWI?
(A) November 11, 1918
(B) June 28, 1919
(C) August 15, 1945
(D) September 1, 1939

60. Arrange the following events in the correct sequence of their occurrence:
1. Treaty of Versailles
2. Assassination of Archduke Franz Ferdinand
3. Formation of the League of Nations
4. Battle of Verdun
(A) 2-4-1-3

(B) 2-1-4-3
(C) 4-2-1-3
(D) 1-2-3-4

61. Which country's invasion by Germany prompted Britain and France to declare war in 1939?
(A) Austria
(B) Czechoslovakia
(C) Belgium
(D) Poland

62. Read the statements given below regarding the end of World War II:
Statement I: The Second World War ended in 1945.
Statement II: The war ended with the total victory of the Axis powers.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

63. The "War Guilt Clause" is associated with which article of the Treaty of Versailles?
(A) Article 10
(B) Article 231
(C) Article 442
(D) Article 5

64. Which of the following identifies the incorrect pair regarding WWII?
(A) Hiroshima - First atomic bomb
(B) Nagasaki - Second atomic bomb
(C) Pearl Harbor - 1941 attack
(D) V-E Day - Victory over Japan

65. Match the list of causes of WWII with their descriptions:
List I: (Cause of WWII)
P. Failure of League of Nations
Q. Rise of Fascism
R. Great Depression
S. Appeasement
List II: (Description)
1. Aggressive nationalism in Italy and Germany
2. Policy of giving in to demands to maintain peace
3. Economic collapse leading to political instability
4. Inability to enforce international law and collective security
(A) P-4, Q-1, R-3, S-2
(B) P-1, Q-4, R-2, S-3
(C) P-3, Q-2, R-1, S-4
(D) P-2, Q-3, R-4, S-1

66. What was the impact of the 1917 Russian Revolution on World War I?
(A) Russia launched a massive new offensive against the Central Powers
(B) Russia signed a secret treaty and joined the Triple Alliance powers
(C) Russia withdrew from the war, allowing Germany to shift its focus west
(D) The global conflict ended immediately across all theaters in 1917

67. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The Balkans were known as the "powder keg of Europe" before WWI.
Reason (R): The region was characterized by intense ethnic nationalism and overlapping interests of major powers.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

68. Which Indian leader is most closely associated with the reorganization of the Indian National Army (INA) during WWII?
(A) Mahatma Gandhi
(B) Jawaharlal Nehru
(C) Sardar Patel
(D) Subhas Chandra Bose

69. Read the statements given below regarding international organizations:
Statement I: The United Nations was formed in 1945 to promote international cooperation.
Statement II: The UN was a direct successor to the League of Nations.

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Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

70. What was a major economic effect of World War I?
(A) A sustained global economic boom for all participating nations
(B) The total and permanent abolition of all international trade routes
(C) Massive debt and economic devastation for European powers
(D) The total elimination of the need for national taxes and tariffs

71. Which event is considered the "turning point" for US entry into the First World War?
(A) The assassination of Archduke Franz Ferdinand and Sophie in Sarajevo
(B) The sudden German invasion of Poland during the autumn of 1914
(C) The massive Battle of Verdun which caused high casualties on both sides
(D) The sinking of the Lusitania and unrestricted submarine warfare

72. Which of the following statements is true regarding the "Balkans Crisis"?
(A) It involved nationalist aspirations of groups like the Serbs against Austro-Hungarian rule.
(B) It was a peaceful diplomatic negotiation led by the United Nations.
(C) It was finally settled by the territorial terms of the Treaty of Versailles.
(D) It took place primarily within the continent of South America.

73. Which of the following was a key feature of Fascism under Mussolini?
(A) The active promotion of a stable and multi-party democracy
(B) Absolute loyalty to the state and a dictatorial leader
(C) The total and permanent abolition of the national military forces
(D) The unwavering diplomatic support for the League of Nations

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74. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The United States used atomic bombs against Japan in 1945.
Reason (R): The goal was to bring a quick end to the war and avoid a costly land invasion of Japan.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

75. Read the statements given below regarding WWI:
1. The war led to the fall of the Romanov, Hohenzollern, and Habsburg dynasties.
2. The war resulted in the complete independence of all British colonies in 1919.
3. The war saw the first large-scale use of chemical weapons.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

76. What was the primary outcome of the Battle of Dunkirk in 1940?
(A) The total and irreversible destruction of the main British army
(B) The signing of a peace treaty between Germany and France
(C) The successful evacuation of over 300,000 Allied troops to Britain
(D) The immediate liberation of Paris from the German occupying forces

77. Read the statements given below regarding Indian political reforms:
Statement I: The Montagu-Chelmsford reforms were introduced in 1919.
Statement II: These reforms were intended to increase Indian participation in the British administration.

liberating India from foreign administration. This army was composed of prisoners of war and volunteers. It sought assistance from powers opposing the British to achieve its objectives. Although it fought against the Allies, it remains a significant symbol of the determined struggle for national sovereignty.

29. (D) The glorification of military power and competitive arms races
This concept involves a societal and political focus on the expansion and readiness of armed forces. Leading up to the first global war, European nations engaged in intense competition to build larger armies and more powerful navies. The belief that military force was a primary tool of diplomacy led to increased tensions and made a large-scale confrontation almost inevitable.

30. (A) Both A and R are true and R is the correct explanation of A.
The international organization created after the first global war proved ineffective at maintaining lasting peace. Its fundamental weakness stemmed from an inability to enforce its resolutions against aggressive nations. Furthermore, the absence of key global powers meant it lacked the necessary political and military influence. These factors allowed expansionist regimes to repeatedly violate international law without facing any significant consequences.

31. (B) Triple Alliance
In the late nineteenth century, three European powers entered into a formal agreement to support each other in the event of an attack. This defensive partnership was designed to isolate rivals and ensure regional stability. However, the existence of this bloc contributed to a rigid system of alliances that eventually turned a local dispute into a massive international conflict.

32. (A) Statement I is correct, but Statement II is incorrect.
In nineteen forty, a significant military campaign was conducted entirely in the skies over the United Kingdom. The German air force attempted to gain air superiority as a precursor to a planned invasion. Despite intense bombing raids, the British Royal Air Force successfully defended the nation. Consequently, the proposed ground invasion was postponed indefinitely, marking a major strategic victory.

33. (A) Hiroshima
In an effort to end the second global war quickly, the United States deployed a newly developed nuclear weapon. This unprecedented attack took place in early August nineteen forty-five against a major industrial and military hub. The resulting devastation and loss of life were immense. This event, followed by another similar strike, led directly to the unconditional surrender of the empire.

34. (C) The Austro-Hungarian Empire remained intact.
The conclusion of the first global conflict led to the dissolution of several long-standing monarchies. New sovereign states were established based on the principle of national self-determination, while borders were shifted to reflect ethnic populations. Specifically, the dual monarchy in Central Europe was dismantled, leading to the creation of several independent countries. Germany also faced significant territorial reductions as a result.

35. (A) P-3, Q-4, R-1, S-2
Different military engagements defined the two global wars. One was a prolonged and costly battle of attrition in nineteen sixteen, while another involved a massive offensive the same year. In a later conflict, a large-scale evacuation was carried out to save troops from a coastal trap. Additionally, a massive invasion was launched against a large Eastern power in nineteen forty-one.

36. (D) The United Nations
As the second global conflict drew to a close, representatives from many nations met to establish a new international body. This organization was designed to succeed a previous, less successful attempt at collective security. Its primary goals included maintaining world peace, promoting human rights, and fostering social and economic development. It was given more robust mechanisms for enforcement and diplomacy.

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(B) North Africa
(C) The Balkans
(D) Manchuria

87. Read the statements given below regarding the Second World War:
Statement I: The Second World War witnessed the first and only use of nuclear weapons in warfare.
Statement II: The United Nations was established before the end of the Second World War.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

88. Which year saw the signing of the Treaty of Versailles?
(A) 1918
(B) 1919
(C) 1920
(D) 1921

89. Which of the following was NOT an effect of World War I on the global map?
(A) Creation of Turkey from the Ottoman Empire
(B) Independence of India
(C) Restoration of Poland
(D) Dismantling of the Austro-Hungarian Empire

90. Which of the following statements best describes "Trench Warfare"?
(A) Highly mobile warfare involving fast tanks and rapid troop movements
(B) Combat characterized by static positions and high casualties for little gain
(C) Large naval battles fought primarily with advanced diesel submarines
(D) Guerrilla tactics used by small units in rugged mountainous terrain

91. Which city was the target of the second atomic bomb dropped by the USA?
(A) Nagasaki
(B) Hiroshima
(C) Osaka
(D) Yokohama

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92. Read the statements given below regarding the policy of Appeasement:
Statement I: The "Appeasement" policy was primarily associated with Neville Chamberlain.
Statement II: The policy successfully prevented Hitler from invading any further territories.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

93. Identify the incorrect pair regarding the causes of WWI:
(A) Imperialism - Competition for colonies
(B) Nationalism - Balkan tensions
(C) Alliance System - Triple Alliance vs Triple Entente
(D) Militarism - Reduction in naval spending

94. What was the status of Germany's colonial empire after the Treaty of Versailles?
(A) It was expanded significantly to include large parts of Russia
(B) It remained entirely unchanged after the peace negotiations
(C) It was completely taken away and distributed among the Allies
(D) It was given entirely to the oversight of the United States

95. Read the statements given below regarding the aftermath of WWII:
1. The United States and the Soviet Union emerged as rival superpowers.
2. The Cold War began as a result of ideological and political differences.
3. European empires became stronger and expanded their colonial holdings.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only

(D) 1, 2, and 3

96. Which event in 1914 acted as the "spark" for the First World War?
(A) The invasion of Belgium
(B) The sinking of the Lusitania
(C) The Russian Revolution
(D) The assassination of Franz Ferdinand

97. Read the statements given below regarding the Battle of the Somme:
Statement I: The Battle of the Somme is one of the deadliest battles in human history.
Statement II: The Battle of the Somme was fought between the Central Powers and the USSR.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

98. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The Zimmermann Telegram accelerated the entry of the United States into World War I.
Reason (R): It was a secret German diplomatic communication proposing a military alliance with Mexico against the USA.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

99. Match the list of international treaties/ conferences with their associated outcomes:
List I: (Treaty/Conference)
P. Treaty of Brest-Litovsk
Q. Munich Agreement
R. Yalta Conference
S. Paris Peace Conference
List II: (Outcome)
1. Post-WWII division of Europe between Allied powers
2. Russia's formal exit from World War I
3. Appeasement of Hitler over Sudetenland
4. Created the Treaty of Versailles and reshaped Europe after WWI
(A) P-2, Q-3, R-1, S-4
(B) P-3, Q-2, R-4, S-1
(C) P-1, Q-4, R-3, S-2
(D) P-4, Q-1, R-2, S-3

100. In which month of 1918 was the WWI Armistice signed?
(A) January
(B) June
(C) August
(D) November

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ANSWERS

1. (C) 1918
World War I officially ceased hostilities through the signing of an armistice agreement. This historic event took place on the eleventh hour of the eleventh day of the eleventh month in nineteen eighteen. It marked the end of active fighting on the Western Front while formal peace negotiations occurred later during the Paris Peace Conference.

2. (C) Both Statement I and Statement II are correct.
European geopolitics before the First World War were defined by two major rival blocs. Germany, Austria-Hungary, and Italy formed a defensive partnership aimed at mutual protection. Conversely, Britain, France, and Russia collaborated through a series of agreements to counter the growing power of their rivals, establishing a complex balance of power.

3. (A) The Balkan Peninsula
The region located in Southeastern Europe served as a major flashpoint for ethnic nationalism and territorial disputes. Various ethnic groups sought independence from the declining Ottoman and Austro-Hungarian empires. These conflicting interests created extreme political instability, leading to several localized conflicts and eventually triggering a global war after a major diplomatic breakdown.

4. (D) Nuclear warheads
Industrial advancements during the early twentieth century fundamentally transformed the nature of global conflict. Soldiers faced devastating innovations like chemical agents and armored land vehicles for the first time. Aerial combat also became a significant factor. However, the development and use of atomic weaponry did not occur until the final stages of a later conflict.

5. (A) Both A and R are true and R is the correct explanation of A.
The killing of the heir to the Austro-Hungarian throne acted as the immediate catalyst for large-scale hostilities. This specific event invoked a web of pre-existing mutual defense treaties among European nations. Consequently, what began as a regional dispute between two states rapidly expanded into a global confrontation involving all the major military powers.

6. (C) Trench warfare
Military operations on the Western Front transitioned into a prolonged stalemate characterized by soldiers living and fighting in elaborate subterranean systems. These defensive fortifications protected troops from machine-gun fire and heavy artillery. The resulting stationary nature of the conflict led to high casualties and minimal territorial gains for several years during the grueling international struggle.

7. (A) 2-1-4-3
Historical events began with the assassination in Sarajevo in nineteen fourteen, triggering the war. The United States officially joined the conflict later in nineteen seventeen. Hostilities ended with the signing of the armistice in late nineteen eighteen. Finally, the formal peace settlement was officially established through a major treaty signed in the summer of nineteen nineteen.

8. (D) 1917
For much of the initial conflict, the United States maintained a policy of formal neutrality. However, factors such as unrestricted submarine warfare and diplomatic provocations eventually led the nation to declare war against the Central Powers. The arrival of fresh American troops and vast industrial resources in nineteen seventeen significantly bolstered the military capabilities of the Allies.

9. (B) Battle of Dunkirk - 1914 border conflict
Major engagements during the First World War included the grueling siege at Verdun and the massive offensive at the Somme. While these occurred between nineteen fourteen and nineteen eighteen, the large-scale military evacuation at the French coast was a defining event of the second global conflict in nineteen forty. It did not take place during the first.

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10. (A) P-4, Q-3, R-2, S-1
The aftermath of the global conflict saw the total disintegration of several major dynasties. The Ottoman state saw its territories partitioned, while the Austro-Hungarian dual monarchy split into multiple independent ethnic nations. Internal revolution forced a Russian withdrawal, and the German monarchy was replaced by a republic while losing all of its overseas colonial possessions.

11. (A) The Russian Revolution
Severe domestic social unrest and economic collapse led to a fundamental political transformation within a major Eastern European power. The new revolutionary leadership prioritised internal stability and exited the global conflict by signing a separate peace treaty with the Central Powers. This significant shift allowed German forces to relocate their divisions toward the Western Front in nineteen eighteen.

12. (C) 1 and 2 only
After the devastation of the first global conflict, an international organization was established to foster cooperation and prevent future wars. While the concept originated from American leadership, the United States legislature ultimately voted against joining the body. Consequently, the organization struggled to enforce its mandates without the participation and support of this rising and influential global power.

13. (D) To place full "war guilt" on Germany
The peace settlement included a controversial provision that required the defeated German state to accept legal and moral responsibility for initiating the conflict. This acknowledgment served as the legal justification for demanding massive financial reparations to cover civilian damages. The inclusion of this specific clause caused significant resentment and political instability within the newly formed German republic.

14. (C) The war led to the introduction of the Montagu-Chelmsford reforms.
India contributed millions of soldiers and significant financial resources to the British effort during the global conflict. In recognition of this immense contribution, the colonial government introduced administrative changes aimed at gradual self-governance. These reforms established a system of dual government in the provinces, allowing for limited Indian participation in certain local and regional administrative departments.

15. (A) Both A and R are true and R is the correct explanation of A.
Many historians argue that the nineteen nineteen peace settlement was excessively punitive toward the defeated Central Powers. By forcing the acceptance of total responsibility for the war and imposing staggering financial penalties, the treaty crippled the German economy. These stringent conditions, combined with significant territorial losses, fostered a sense of national humiliation that extremist political movements later exploited.

16. (D) Fascism
During the period between the two global wars, a new political ideology emerged in Italy. This system emphasized extreme nationalism, the glorification of the state, and the absolute authority of a single dictatorial leader. It rejected democratic principles and sought to suppress opposition through force, aiming to restore national greatness through militarism and strict social control over the population.

17. (A) 1-4-2-3
Global hostilities commenced with the invasion of a neighboring country in nineteen thirty-nine. This was followed by an intense aerial campaign over the United Kingdom in nineteen forty. The conflict expanded significantly after a surprise naval attack in the Pacific in late nineteen forty-one. Finally, the war concluded in nineteen forty-five after the deployment of devastating nuclear weapons.

18. (A) 1 and 2 only
The global economic downturn of the nineteen thirties caused widespread poverty and massive unemployment across many nations. This severe instability undermined faith in democratic institutions and facilitated the rise of radical political parties. Furthermore, the economic crisis paralyzed international cooperation, making it difficult for global organizations to address acts of aggression by expansionist states during that turbulent decade.

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19. (A) P-3, Q-1, R-2, S-4
Historical milestones are defined by specific dates. The nineteen nineteen peace settlement followed the first global war. Hostilities resumed with the invasion of Poland in nineteen thirty-nine. The conflict became global with the nineteen forty-one attack on a major naval base. Ultimately, the second great struggle concluded in nineteen forty-five after several years of total and devastating warfare.

20. (D) Appeasement
During the late nineteen thirties, certain European powers adopted a diplomatic strategy of making territorial and political concessions to an aggressive expansionist regime. The goal was to avoid another catastrophic war by satisfying specific demands. However, this approach failed as it was perceived as a sign of weakness, encouraging further aggression and eventually leading to a full-scale global conflict.

21. (B) Operation Barbarossa
In June nineteen forty-one, Germany launched a massive military offensive against the Soviet Union, breaking a previous non-aggression pact. This invasion represented the largest land operation in history and opened the Eastern Front. The campaign aimed to secure vital resources and living space, but it eventually turned into a war of attrition that significantly depleted German military strength.

22. (C) Both Statement I and Statement II are correct.
During the second global conflict, the ruling regime in Germany implemented a state-sponsored program of systematic mass murder. This genocide targeted various groups but focused primarily on the Jewish population of Europe. Millions were killed in specialized camps and through mass shootings. This tragic event remains one of the most documented and horrific examples of organized racial persecution in history.

23. (D) The attack on Pearl Harbor
The United States maintained a neutral stance during the early years of the second global war. This position changed abruptly in December nineteen forty-one when a surprise aerial strike was launched against an American naval base in Hawaii. This act of aggression led to an immediate declaration of war, bringing the nation's massive industrial and military power into the struggle.

24. (A) Strengthening of the Austro-Hungarian Empire
The aftermath of the second global struggle brought profound geopolitical shifts. It led to the establishment of a new international peace organization and the emergence of two dominant superpowers. Simultaneously, colonial empires faced increasing pressure, resulting in numerous independence movements. However, the multi-ethnic empire in Central Europe had already ceased to exist several decades earlier following the previous major war.

25. (A) P-3, Q-1, R-2, S-4
During the mid-twentieth century, several prominent figures led their respective nations through a period of total war. Germany was under a dictatorial regime, while Italy was led by the founder of fascism. Great Britain was guided by a determined prime minister, and the Soviet Union was commanded by a powerful leader who oversaw the massive struggle on the Eastern Front.

26. (B) Quit India Movement
During the height of the second global conflict, Indian nationalist leaders demanded an immediate end to colonial rule. This mass protest was launched following the failure of British diplomatic missions to offer satisfactory terms for self-governance. The movement represented a significant escalation in the struggle for independence, as it called for a non-violent but resolute withdrawal of the British administration.

27. (A) Europe
The acronym signifies a specific day of triumph celebrated in May nineteen forty-five. It marks the formal acceptance of the unconditional surrender of German armed forces by the Allied powers. While the global conflict continued for several more months in other regions, this particular milestone represented the final conclusion of hostilities and the liberation of territory across the entire continent.

28. (A) 1 and 2 only
A military force was established during the second global war with the specific goal of

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Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

78. Which nation's naval rivalry with Britain contributed significantly to the "Arms Race" before WWI?
(A) France
(B) Russia
(C) Germany
(D) Italy

79. Identify the incorrect pair regarding WWII events:
(A) Operation Barbarossa - 1941
(B) Atomic bomb on Hiroshima - 1945
(C) Pearl Harbor - 1941
(D) Invasion of Poland - 1939

80. What does the term "V-J Day" stand for?
(A) Victory over Jordan
(B) Victory in June
(C) Victory in Jerusalem
(D) Victory over Japan

81. Which was the major battle of 1916 known for its high attrition and use by the French to "bleed Germany white"?
(A) Battle of Verdun
(B) Battle of the Somme
(C) Battle of Tannenberg
(D) Battle of Gallipoli

82. Read the statements given below regarding the Great Depression and political changes:
Statement I: The Great Depression led to a rise in protectionism and trade barriers.
Statement II: The economic crisis helped Adolf Hitler's Nazi Party gain popularity in Germany.
Which of the following is correct?
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement II is correct, but Statement I is incorrect.
(C) Both Statement I and Statement II are correct.
(D) Neither Statement I nor Statement II is correct.

83. Which of the following was a primary aim of the Indian National Army (INA)?
(A) To overthrow British rule in India with the help of Japan
(B) To support the survival of the British Empire in the Pacific theater
(C) To maintain long-term peace and stability in Southeast Asia
(D) To actively promote the mission of the League of Nations

84. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option.
Assertion (A): The entry of the USA in 1917 was a decisive factor in the Allied victory of WWI.
Reason (R): The USA provided massive industrial resources and fresh manpower to the exhausted Allies.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

85. Match the list of WWI participants with their roles or events:
List I: (WWI Participant)
P. Indian Soldiers
Q. USA
R. Russia
S. Ottoman Empire
List II: (Role/Event)
1. Entered the war in 1917
2. Fought extensively for the British on various fronts
3. Joined the Central Powers
4. Left the war following the 1917 Revolution
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

86. Which region's "crisis" is most associated with the start of WWI?
(A) The Rhineland

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37. (A) Statement I is correct, but Statement II is incorrect.
The assassination of a high-ranking royal figure in a Bosnian city acted as the primary trigger for the first global war. This individual was the heir to the throne of a Central European power, not a Middle Eastern one. The event sparked a diplomatic crisis that escalated rapidly because of the complex network of alliances that existed between European nations.

38. (C) Imperialism
During the nineteenth and early twentieth centuries, powerful nations sought to extend their influence and control over foreign territories. This drive was motivated by the desire for raw materials, new markets, and strategic advantages. The resulting competition for land in Africa and Asia created deep-seated rivalries and diplomatic tensions that contributed to the outbreak of the first global war.

39. (D) It allowed Germany to maintain a large and powerful air force.
The nineteen nineteen peace agreement imposed significant restrictions on the defeated nation to prevent future aggression. These measures included severe military limitations, such as the total prohibition of an air force and the reduction of the army and navy. Furthermore, the treaty required heavy financial compensation for war damages and placed specific regions under permanent demilitarization to ensure regional security.

40. (A) Both A and R are true and R is the correct explanation of A.
Following the conclusion of the second global struggle, many nations in Asia and Africa successfully sought independence. The prolonged conflict had severely weakened the financial and military resources of European administrators, making it increasingly difficult to maintain control over distant colonies. This shift in power, combined with growing nationalist movements, led to the dismantling of several vast and long-standing overseas empires.

41. (B) The German invasion of Poland
Global hostilities officially commenced when German forces crossed the border of a neighboring sovereign state. This aggressive action violated international agreements and prompted major powers to honor their defense commitments. Within days, Great Britain and France declared war, marking the beginning of a total and devastating conflict that eventually spread to nearly every region of the world for six years.

42. (D) 1, 2, and 3
The outbreak of the first global war resulted from several interconnected factors. A complex system of mutual defense treaties meant that any local incident could escalate into a general conflict. Simultaneously, ethnic groups sought independence within large empires, causing internal instability. Additionally, a fierce naval competition between major powers intensified regional tensions, creating a highly volatile environment across the entire continent.

43. (C) 1916
One of the largest and bloodiest military offensives in history took place during the middle of the first global war. Fought primarily between British and French forces against the German army, this engagement aimed to break the stalemate on the Western Front. The battle is remembered for its staggering number of casualties on the first day and the introduction of tanks.

44. (C) The introduction of Diarchy at the provincial level
Following the first global war, the British colonial administration introduced legislative changes to address Indian demands for greater representation. These reforms established a unique system of dual government in the provinces. Under this arrangement, certain administrative subjects were transferred to Indian ministers, while others remained under the control of the British governor. This marked an initial step toward eventual self-rule.

45. (A) P-2, Q-1, R-4, S-3
Various terms describe the political and military aspects of the first global conflict. A formal pause in fighting is defined as an armistice, while financial penalties for damages are known as reparations. Informal agreements between nations for mutual support are referred to as ententes. Finally, an intense devotion to the

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98. (A) Both A and R are true and R is the correct explanation of A.
The Zimmermann Telegram (January 1917) was a secret message sent by German Foreign Secretary Arthur Zimmermann to Mexico, proposing a military alliance against the USA in exchange for help recovering Texas, New Mexico, and Arizona. When British intelligence intercepted and revealed it to America, public outrage intensified. Combined with unrestricted submarine warfare, it directly accelerated US entry into WWI in April 1917.

99. (A) P-2, Q-3, R-1, S-4
The Treaty of Brest-Litovsk (1918) formally ended Russia's participation in WWI. The Munich Agreement (1938) allowed Hitler to annex Czechoslovakia's Sudetenland, exemplifying appeasement. The Yalta Conference (February 1945) among Churchill, Roosevelt, and Stalin decided post-war Europe's division into Allied spheres. The Paris Peace Conference (1919) produced the Treaty of Versailles, redrawing European boundaries and imposing harsh terms on defeated Germany.

100. (D) November
The active fighting of the first global conflict officially ceased on the eleventh day of the eleventh month in nineteen eighteen. This historic agreement brought an end to four years of devastating warfare on the Western Front. While a formal peace treaty was signed later, this specific month remains significant as the time when the guns finally fell silent across Europe.

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54. (C) The formation of several new states in the Middle East
The collapse of a long-standing empire after the first global war led to a dramatic restructuring of territory. Many regions formerly under its control were reorganized into mandates or independent nations. This process fundamentally reshaped the political map of the Middle East, leading to the creation of several modern states. However, this transition also sowed the seeds for future regional conflicts and instability.

55. (A) P-2, Q-1, R-3, S-4
Technological innovations have significantly impacted the conduct of warfare across different eras. Chemical weapons were first deployed on a large scale in nineteen fifteen, while armored vehicles debuted in nineteen sixteen. Later, a fast-moving combined-arms strategy was perfected in nineteen thirty-nine. The most devastating development, however, occurred in nineteen forty-five with the first and only use of nuclear weapons in combat.

56. (A) The deliberate killing of a large group of people, especially those of a particular ethnic group
This term describes the systematic and intentional destruction of a specific group based on their ethnicity, religion, or race. During the second global war, this practice was carried out through state-sponsored persecution and organized mass murder. Such actions involve a coordinated plan aimed at the total annihilation of the targeted population. It represents one of the most severe crimes against humanity in history.

57. (A) Statement I is correct, but Statement II is incorrect.
During the second global conflict, political leaders in India conditioned their support for the British effort on the promise of immediate independence. When diplomatic negotiations failed to produce a satisfactory agreement, a major mass protest was launched in nineteen forty-two. This movement demanded an end to colonial rule, reflecting the growing refusal of nationalist forces to cooperate without a commitment to self-governance.

58. (B) Italy
Before the outbreak of the first global war, a major diplomatic alliance was formed between three European powers to counter a rival bloc. This group included Great Britain, France, and Russia. While other nations eventually joined as the war progressed, one specific Mediterranean country was initially part of the opposing defensive partnership before eventually switching sides and joining the Allies in nineteen fifteen.

59. (A) November 11, 1918
The active fighting of the first global conflict ended through a formal agreement to stop hostilities on a specific day in late nineteen eighteen. This historic moment occurred during the eleventh month of the year. While a formal peace treaty was signed months later, this date remains significant as it brought an end to four years of devastating warfare across the world.

60. (A) 2-4-1-3
Historical progression begins with the assassination of a royal figure in nineteen fourteen, starting the war. This was followed by a massive battle of attrition in nineteen sixteen. After hostilities ceased, a formal peace settlement was signed in nineteen nineteen. The establishment of an international organization for peace followed as a direct result of the terms set forth in that peace treaty.

61. (D) Poland
The second global war was triggered when German forces launched a full-scale attack on a neighboring nation to the east. This act of aggression violated previous international treaties and forced other European powers to act. Because of their mutual defense agreements, Great Britain and France were compelled to declare war, escalating a regional invasion into a catastrophic and wide-reaching international military struggle.

62. (A) Statement I is correct, but Statement II is incorrect.
The second global conflict concluded in nineteen forty-five after several years of total war. The struggle ended with the complete collapse of the expansionist regimes in both Europe and the Pacific. The victorious powers, composed of a coalition of nations, achieved a total victory over their opponents. This outcome led to significant changes in global leadership and the beginning of a new era.

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interests and culture of one's own nation is called nationalism.

46. (C) Russia
Internal political upheaval and the rise of a new revolutionary government led a major Eastern power to exit the first global war. By signing a specific peace treaty with the Central Powers, the nation surrendered significant territories in exchange for peace. This withdrawal significantly altered the military situation, allowing opposing forces to concentrate their strength on the Western Front during nineteen eighteen.

47. (C) Both Statement I and Statement II are correct.
The most severe economic crisis of the modern era began with a major financial collapse in North America. The resulting downturn quickly spread worldwide, devastating international trade and industrial production. This period was characterized by extreme poverty, widespread unemployment, and social unrest. The economic hardship also created fertile ground for the rise of authoritarian regimes in several economically distressed European nations.

48. (D) It maintained a policy of neutrality.
At the beginning of both major twentieth-century global conflicts, the United States chose not to become immediately involved in military operations. The government followed a policy of avoiding foreign entanglements and stayed officially neutral while the wars escalated in Europe and Asia. Eventually, direct attacks and strategic threats forced the nation to abandon this isolationist stance and join the Allied powers.

49. (A) V-J Day - Victory over Japan, 1945
Various terms and code names are used to identify significant milestones in global history. One specific designation refers to the formal conclusion of hostilities in the Pacific theater following a major surrender in August nineteen forty-five. Other operations, like the massive invasion of a large Eastern power, occurred earlier in the conflict. Accurate identification of these events is essential for understanding chronology.

50. (A) Both A and R are true and R is the correct explanation of A.
The conclusion of the second global war fundamentally realigned international power structures. The conflict resulted in the significant decline of traditional European powers, leaving two major nations with vastly different ideologies in dominant positions. This competition for global influence and security led to a prolonged period of geopolitical tension and indirect conflict, as both sought to expand their respective spheres of influence.

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51. (A) Treaty of Versailles
Following the cessation of hostilities in late nineteen eighteen, major powers convened in France to negotiate a formal peace settlement. The resulting document officially ended the legal state of war between the primary combatants. It established the terms for postwar boundaries, imposed military restrictions, and created a new international organization. The signing of this treaty occurred exactly five years after the initial assassination.

52. (A) 1 and 2 only
The end of the second global conflict triggered major territorial and political changes. In Europe, the defeated nation was split into several zones controlled by the victorious powers. Simultaneously, the war accelerated the decline of colonial rule, leading to a wave of independence across various regions. Meanwhile, a new international body replaced the previous failed organization to manage future global cooperation and peace.

53. (B) It made Hitler more aggressive by showing weakness.
The strategy of making concessions to an expansionist regime proved to be counterproductive. Rather than satisfying the demands of the dictator, each success encouraged further territorial ambitions and military buildup. The perceived lack of resolve from the major powers convinced the regime that it could continue its aggression without facing serious consequences. This failure ultimately made a large-scale global conflict unavoidable.

that the nation's security and interests were at risk, leading to an official declaration of war in nineteen seventeen.

72. (A) It involved nationalist aspirations of groups like the Serbs against Austro-Hungarian rule.
Ethnic groups within the Balkan Peninsula sought to break free from the control of large, multi-ethnic empires in the early twentieth century. These nationalist movements, particularly those among the Slavic populations, created significant friction with the ruling authorities. The resulting instability and competition for influence among major European powers transformed the region into a dangerous flashpoint that eventually ignited a much larger global conflict.

73. (B) Absolute loyalty to the state and a dictatorial leader
This political system is characterized by the centralization of power under a single, all-powerful figure. It emphasizes the importance of national unity and the subordination of individual interests to the needs of the state. Opposition is suppressed through force, and the government exerts total control over all aspects of society. Militarism and extreme nationalism are core components used to achieve national expansion.

74. (A) Both A and R are true and R is the correct explanation of A.
In August nineteen forty-five, the United States deployed unprecedented nuclear weapons against two major cities. This decision was based on the strategic goal of forcing an immediate surrender without the need for a massive and potentially costly ground invasion. The resulting destruction and the threat of further attacks achieved this objective, leading to the formal conclusion of the second global war shortly thereafter.

75. (C) 1 and 3 only
The first global war resulted in the collapse of several long-standing European monarchies, fundamentally changing the continent's political landscape. It also saw the introduction of devastating new technologies, including the first large-scale application of chemical agents on the battlefield. However, while the war weakened colonial systems, it did not lead to the immediate independence of most territories under British administration at that time.

76. (C) The successful evacuation of over 300,000 Allied troops to Britain
In nineteen forty, a significant military operation was carried out to rescue thousands of soldiers trapped on the French coast. This massive effort involved both naval vessels and civilian boats. By successfully transporting these troops across the channel, the operation preserved a significant portion of the army's strength. This allowed the nation to continue its defense and eventually participate in the liberation of Europe.

77. (C) Both Statement I and Statement II are correct.
Legislative changes were introduced in nineteen nineteen to address the growing demands for political participation in colonial India. These reforms established a unique system of dual government in the provinces, allowing Indian representatives to manage certain administrative areas. The goal was to demonstrate a commitment to gradual self-rule while maintaining ultimate control. These changes represented a significant milestone in the country's long struggle for sovereignty.

78. (C) Germany
Leading up to the first global war, an intense competition developed between two major European powers to build the most powerful navy. This arms race, particularly the construction of large battleships, increased diplomatic tensions and mutual suspicion. The desire to secure maritime dominance and protect overseas interests made a conflict more likely, as both nations viewed the other's naval expansion as a threat.

79. (B) Atomic bomb on Hiroshima - 1945
The deployment of the first nuclear weapon occurred in early August nineteen forty-five. This event significantly accelerated the end of the second global war by demonstrating the immense power of the new technology. While other major events like the surprise naval attack and the invasion of the Soviet Union took place in nineteen forty-one, the use of atomic weaponry remains a distinct milestone.

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63. (B) Article 231
A specific provision within the nineteen nineteen peace treaty required the defeated nation to accept full legal and moral responsibility for the outbreak of the conflict. This acknowledgment was essential for the Allies to justify the imposition of massive financial reparations. The clause became a source of intense national resentment and was often cited as a reason for subsequent political and economic instability.

64. (D) V-E Day - Victory over Japan
Different terms identify the conclusion of hostilities in various theaters of the second global war. One designation specifically refers to the triumph over German forces in Europe in May nineteen forty-five. A separate name is used for the final victory in the Pacific theater later that same year. Confusing these terms leads to an inaccurate understanding of the timeline of the conflict.

65. (A) P-4, Q-1, R-3, S-2
The second global war was the result of multiple systemic failures. The inability of the international community to enforce peace allowed aggression to go unchecked. Simultaneously, the rise of authoritarian ideologies and extreme nationalism created a climate of hostility. Economic instability further radicalized populations, while the policy of making concessions to expansionist powers proved unsuccessful in preventing the eventual outbreak of total warfare.

66. (C) Russia withdrew from the war, allowing Germany to shift its focus west
Internal political upheaval and the rise of a new revolutionary government forced a major power to abandon the global conflict. By signing a separate peace treaty, the nation ended its involvement on the Eastern Front. This significant development allowed opposing forces to transfer hundreds of thousands of troops to the Western Front, leading to a massive offensive in the spring of nineteen eighteen.

67. (A) Both A and R are true and R is the correct explanation of A.
The Balkan region was characterized by intense ethnic tensions and competing nationalist aspirations before the first global war. Because several major powers had conflicting strategic and territorial interests in this area, any local incident had the potential to ignite a much larger conflict. The assassination of a royal figure in this volatile environment acted as the spark that finally triggered the explosion.

68. (D) Subhas Chandra Bose
A prominent Indian nationalist leader played a crucial role in revitalizing a military force during the second global war. This leader sought to achieve national independence by collaborating with powers opposed to the British. By organizing and leading this army, the leader aimed to launch an armed struggle against colonial rule, inspiring many through the commitment to achieving sovereignty by any means necessary.

69. (C) Both Statement I and Statement II are correct.
In nineteen forty-five, a new international organization was established to promote global cooperation and prevent future conflicts. This body was created to address the weaknesses of a previous organization that had failed to maintain peace. It incorporated more robust mechanisms for collective security and diplomatic engagement. The formation of this entity marked a major shift in international relations following the second global war.

70. (C) Massive debt and economic devastation for European powers
The first global conflict had profound and lasting economic consequences for all participating nations. Years of total war depleted national treasuries and led to significant increases in government debt. Furthermore, the destruction of infrastructure and the disruption of international trade routes severely hampered industrial production. These financial burdens contributed to post-war inflation and economic instability, eventually leading to a severe global downturn.

71. (D) The sinking of the Lusitania and unrestricted submarine warfare
The United States transitioned from neutrality to active participation in the first global war due to several factors. The use of submarines to attack merchant ships, including those carrying civilians, caused significant outrage. Combined with diplomatic provocations, these events convinced the government and the public

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89. (B) Independence of India
The conclusion of the first global conflict led to the reorganization of territory across Europe and the Middle East. New nations were established from the remnants of fallen empires, and borders were redrawn to reflect ethnic populations. While the war accelerated nationalist movements in colonial territories, the formal achievement of sovereignty for a major South Asian nation did not occur until much later.

90. (B) Combat characterized by static positions and high casualties for little gain
This form of military engagement involves soldiers fighting from elaborate subterranean systems that provide protection from heavy artillery and machine guns. During the first global war, this led to a prolonged stalemate on the Western Front, where neither side could achieve a decisive breakthrough. The resulting battles often lasted for months and resulted in immense loss of life for minimal territorial progress.

91. (A) Nagasaki
In an effort to secure an unconditional surrender, the United States deployed a second nuclear weapon against a major industrial and port city in early August nineteen forty-five. This followed an earlier strike on a different urban center just three days prior. The combined impact of these devastating attacks, along with other strategic factors, led the empire to finally end its resistance.

92. (A) Statement I is correct, but Statement II is incorrect.
During the late nineteen thirties, a British prime minister famously pursued a policy of making concessions to an aggressive expansionist regime to prevent war. Although intended to preserve peace, this strategy failed as it emboldened the dictator to make even greater territorial demands. This approach ultimately demonstrated the inability of diplomatic compromise to stop a determined aggressor, leading to a global conflict.

93. (D) Militarism - Reduction in naval spending
Several long-term factors contributed to the outbreak of the first global war, including intense competition for colonies and the rise of nationalist movements in the Balkans. A system of mutual defense treaties also played a key role. However, the period was marked by a massive increase in military budgets and competitive arms races, rather than any effort to decrease national defense expenditure.

94. (C) It was completely taken away and distributed among the Allies.
The nineteen nineteen peace settlement imposed severe penalties on the defeated nation, including the total loss of its overseas territories. These colonies were reorganized as mandates under the administration of various victorious powers. This measure was intended to reduce the global influence and economic resources of the former empire while expanding the reach of the nations that had won the conflict.

95. (A) 1 and 2 only
The conclusion of the second global war led to the emergence of two dominant nations with opposing political and economic systems. This rivalry created a period of intense geopolitical tension characterized by competition for influence and strategic advantage. Simultaneously, the conflict severely weakened traditional European empires, eventually leading to the decline of their colonial control and the independence of many former territories.

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96. (D) The assassination of Franz Ferdinand
A single event in June nineteen fourteen acted as the immediate trigger for the first global war. The killing of the heir to the Austro-Hungarian throne in a Bosnian city ignited a major diplomatic crisis. This local incident quickly escalated because of the existing network of mutual defense treaties, eventually drawing all the major European powers into a catastrophic international military struggle.

97. (A) Statement I is correct, but Statement II is incorrect.
One of the most significant and deadly engagements of the first global war took place in nineteen sixteen. It was fought primarily between the forces of the Allies and the German army on the Western Front. This battle is remembered for its immense scale and staggering casualty rates. It did not involve the Soviet Union, which was formed later after an internal revolution.

8. Match List-I (Concepts) with List-II (Key Components) and select the correct answer using the codes given below:
List I: (Concepts)
P. GDP at Market Price
Q. NNP at Factor Cost
R. Personal Disposable Income
S. Gross National Product
List II: (Key Components)
1. National Income
2. Personal Income minus Direct Taxes
3. GDP plus Net Factor Income from Abroad
4. GDP at Factor Cost plus Net Indirect Taxes
(A) P-4, Q-1, R-2, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-2, R-1, S-3
(D) P-3, Q-1, R-2, S-4

9. If a country's Gross National Product (GNP) is higher than its Gross Domestic Product (GDP), it implies that:
(A) Net factor income from abroad is negative.
(B) Net factor income from abroad is positive.
(C) The country's exports are equal to its imports.
(D) The country is facing a trade deficit.

10. Consider the following statements about the GDP Deflator:
1. It is a measure of the level of prices of all new, domestically produced, final goods and services.
2. It is calculated by dividing Nominal GDP by Real GDP and multiplying by 100.
3. Unlike the Consumer Price Index (CPI), it does not include the prices of imported goods.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

11. Which of the following pairs is correctly matched?
(A) Market Price — Factor Cost + Net Indirect Taxes
(B) Net National Product — GNP + Depreciation
(C) Personal Income — Disposable Income + Corporate Tax
(D) Real GDP — GDP at current prices

12. Identify the correct chronological sequence of the following steps for calculating National Income using the Value Added Method:
1. Calculate the value of output.
2. Subtract intermediate consumption to find Gross Value Added (GVA).
3. Subtract consumption of fixed capital (Depreciation).
4. Add Net Factor Income from Abroad.
(A) 1-2-3-4
(B) 2-1-4-3
(C) 1-3-2-4
(D) 4-1-2-3

13. Which of the following is the most appropriate reason why "double counting" should be avoided in national income estimation?
(A) It causes lower tax revenue collection for the state.
(B) It simplifies the overall data collection framework.
(C) It ignores the contributions of the service sectors.
(D) It results in overestimating the actual production value.

14. A citizen of India working in the USA earns a salary. This income is part of:
(A) India's GDP and USA's GNP.
(B) Both India's GDP and India's GNP.
(C) India's GNP and USA's GDP.
(D) Neither India's GDP nor USA's GDP.

15. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Subsidies are added to the Factor Cost to arrive at the Market Price.
Reason (R): Subsidies reduce the price of goods in the market below the cost of production factors.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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CHAPTER 20
National Income

1. Which of the following best defines the concept of National Income?
(A) Total factor incomes earned by a country's residents.
(B) Money supply and currency notes in circulation annually.
(C) Value of securities and stocks in domestic exchanges.
(D) Aggregate tax revenues collected by the central authority.

2. Gross Domestic Product (GDP) is defined as the total market value of:
(A) Total value of intermediate products within a nation.
(B) Raw materials utilized by the national manufacturing base.
(C) Market value of final goods produced domestically.
(D) Used goods and assets sold in the domestic markets.

3. Read the following statements regarding Net National Product (NNP) and select the correct option:
Statement I: NNP is obtained by subtracting depreciation from Gross National Product.
Statement II: NNP at factor cost is also known as National Income.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

4. Which of the following is an INCORRECT statement regarding the measurement of GDP?
(A) The income method sums up all wages, rents, interest, and profits.
(B) The expenditure method includes private consumption and government spending.
(C) The output method focuses on the value added at each stage of production.
(D) The expenditure method includes the purchase of old shares and bonds.

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5. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Real GDP is considered a better indicator of economic growth than Nominal GDP.
Reason (R): Real GDP is calculated at constant prices and eliminates the effect of inflation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Which of the following items is NOT included in the calculation of National Income?
(A) Total compensation for government sector employees.
(B) Net profits of state-owned commercial undertakings.
(C) Old-age pensions provided by government agencies.
(D) Annual rent received from private residential assets.

7. Personal Income is calculated by subtracting which of the following from National Income?
(A) Aggregate indirect taxes and government subsidies.
(B) Capital depreciation and factor income from abroad.
(C) Consumption of fixed capital and interest payments.
(D) Corporate taxes and undistributed business profits.

80. (D) Victory over Japan
This specific designation refers to the day when hostilities officially ended in the Pacific theater during the second global war. It marks the formal surrender of the imperial forces following the use of devastating nuclear weapons and the entry of additional Allied powers into the conflict. This milestone signified the total conclusion of the multi-year international struggle across all regions.

81. (A) Battle of Verdun
One of the most prolonged and devastating engagements of the first global war took place in nineteen sixteen. It was characterized by an intense struggle for a strategic fortress and resulted in staggering casualties for both sides. The goal was to exhaust the opponent's military resources through a war of attrition. This battle remains a powerful symbol of national endurance and military sacrifice.

82. (C) Both Statement I and Statement II are correct.
The severe economic collapse of the nineteen thirties led many nations to adopt restrictive trade policies to protect their domestic industries. This environment of financial hardship and social desperation created an opportunity for radical political movements to gain support. In particular, a specific party in Germany utilized the economic crisis to appeal to disillusioned citizens, eventually leading to a change in leadership.

83. (A) To overthrow British rule in India with the help of Japan
During the second global war, an armed force was organized with the primary objective of ending colonial administration in South Asia. The group sought to achieve this through military cooperation with an expansionist power in the Pacific. By launching a campaign from abroad, the movement aimed to inspire a domestic uprising and secure complete national independence from foreign political control.

84. (A) Both A and R are true and R is the correct explanation of A.
The participation of the United States in the first global war provided the Allies with essential advantages at a critical moment. The arrival of fresh troops and the deployment of vast industrial resources helped to tip the balance of power against the Central Powers. This additional strength was vital for sustaining the final offensives and overcoming the exhaustion caused by years of conflict.

85. (A) P-2, Q-1, R-4, S-3
Different nations played diverse roles in the first global conflict. Millions of colonial troops served with distinction on multiple fronts, while a major Western power provided a decisive boost upon joining in nineteen seventeen. Meanwhile, internal revolution led one Eastern power to exit the war early. Additionally, a large empire in the Middle East joined the side of the Central Powers.

86. (C) The Balkans
In the early twentieth century, a specific region in Southeastern Europe became a center of intense nationalist competition and ethnic tension. The conflicting interests of major powers and local independence movements created a highly unstable political environment. A diplomatic breakdown in this area, following a high-profile assassination, served as the immediate catalyst that triggered the outbreak of a massive international war.

87. (A) Statement I is correct, but Statement II is incorrect.
The second global war concluded in nineteen forty-five and featured the first and only use of nuclear weaponry in combat. Although plans for a new international organization were discussed during the conflict, the official establishment of the body occurred only after the hostilities had ended. This new entity was designed to facilitate better cooperation and maintain lasting peace in the postwar era.

88. (B) 1919
Following the cessation of hostilities in late nineteen eighteen, representatives from the victorious nations met in France to negotiate a formal peace settlement. The resulting document was officially signed exactly five years after the event that triggered the conflict. This treaty established the terms for the postwar world, including new national boundaries and the creation of an international organization for peace.

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16. In the expenditure method of calculating GDP, which of the following is categorized under "Gross Private Domestic Investment"?
(A) Purchase of government bonds by an individual.
(B) Spending on groceries by a consumer.
(C) Payment of interest on a bank loan.
(D) Purchase of a new house by a household.

17. Which of the following best describes "Green GDP"?
(A) GDP adjusted for environmental and resource depletion.
(B) Total value of all primary agricultural output annually.
(C) Output calculated specifically using renewable sources.
(D) Aggregate revenue from the sale of organic commodities.

18. Match List-I (Sector) with List-II (Activity) regarding economic sectoral composition and select the correct answer:
List I: (Sector)
P. Primary Sector
Q. Secondary Sector
R. Tertiary Sector
S. Quaternary Sector
List II: (Activity)
1. Information Technology
2. Manufacturing
3. Agriculture and Mining
4. Research and Development
(A) P-3, Q-2, R-1, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-2, S-4
(D) P-2, Q-3, R-4, S-1

19. Read the following statements regarding Purchasing Power Parity (PPP) and select the correct option:
Statement I: PPP exchange rates are calculated by comparing the prices of a common basket of goods in different countries.
Statement II: India is currently the third-largest economy in the world in terms of GDP at PPP.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

20. Which of the following components are included in the Income Method of calculating National Income?
1. Compensation of employees
2. Operating surplus (Rent, Interest, Profit)
3. Mixed income of self-employed
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

21. Which of the following is an INCORRECT pair regarding the organizations involved in National Income estimation in India?
(A) CSO — Central Statistical Office
(B) NITI Aayog — Primary agency for calculating GDP
(C) MOSPI — Ministry of Statistics and Programme Implementation
(D) NSSO — National Sample Survey Office

22. Arrange the following concepts in descending order of their typical quantitative value for an economy:
1. Gross National Product (GNP)
2. Net National Product (NNP)
3. National Income (NI)
4. Personal Disposable Income
(A) 1-2-3-4
(B) 4-3-2-1
(C) 2-1-4-3
(D) 1-3-2-4

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23. When National Income is calculated at constant prices, it is known as:
(A) Nominal National Income
(B) Potential National Income
(C) Gross National Income
(D) Real National Income

24. Which of the following pairs is INCORRECTLY matched?
(A) National Income — NNP at Market Price
(B) Consumption of fixed capital — Depreciation
(C) Factor Cost — Market Price minus Net

(D) Both are incorrect

63. Which of the following is a characteristic of the "Income Method"?
(A) Aggregates total consumption spending in the economy.
(B) Categorizes income into wages, rent, interest, and profit.
(C) Calculates the value added by each individual firm.
(D) Focuses exclusively on output from the primary sector.

64. The "GDP Deflator" is a ratio between:
(A) Real GDP and Nominal GDP
(B) GDP and GNP
(C) NNP and National Income
(D) Nominal GDP and Real GDP

65. Which of the following is included in the "Primary Sector" of the economy?
(A) Mining and quarrying
(B) Cotton textile manufacturing
(C) Software development
(D) Banking services

66. What happens to National Income if subsidies increase, keeping other things constant?
(A) National Income at market price increases.
(B) National Income at factor cost increases.
(C) National Income at market price decreases.
(D) There is no change in National Income.

67. Which of the following is a "Stock" variable as opposed to a "Flow" variable?
(A) Wealth
(B) National Income
(C) Investment
(D) Consumption

68. Read the following statements regarding Green GDP and select the correct option:
Statement I: It accounts for environmental degradation.
Statement II: It is always higher than conventional GDP.
(A) Statement I is correct
(B) Statement II is correct
(C) Both are correct
(D) Both are incorrect

69. Which of the following is a component of "Gross Domestic Capital Formation"?
(A) Household consumption
(B) Change in stocks/inventories
(C) Government social spending
(D) Export of services

70. The "Output Method" is also known as:
(A) Expenditure Method
(B) Income Method
(C) Value Added Method
(D) Consumption Method

71. Net National Product at Factor Cost is also known as:
(A) Gross Domestic Product
(B) Personal Income
(C) Disposable Income
(D) National Income

72. Which of the following would increase India's GNP but not its GDP?
(A) Profit increases earned by an Indian firm in the UK.
(B) Output growth by a foreign company operating in India.
(C) Increased automobile purchases by domestic households.
(D) Growth in residential construction within the country.

73. Which of the following is NOT included in the "Compensation of Employees"?
(A) Wages in cash
(B) Old age pensions
(C) Value of free housing provided by the employer
(D) Employer's contribution to provident fund

74. If the population of a country increases at a faster rate than its Real GDP, the Per Capita Income will:
(A) Increase
(B) Decrease
(C) Remain constant
(D) Become equal to Nominal GDP

75. Which of the following is an example of a "Negative Externality" not captured by GDP?
(A) Pollution caused by a factory.
(B) Higher education of citizens.

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33. Which of the following is an INCORRECT statement regarding Transfer Payments?
(A) They are included in the calculation of National Income.
(B) They are one-way payments for which no goods or services are exchanged.
(C) Examples include scholarships and social security benefits.
(D) They are excluded from GDP because they do not reflect current production.

34. A firm produces flour worth ₹1000. It sells ₹600 worth of flour to a bakery and ₹400 worth of flour directly to consumers. The bakery produces bread worth ₹1200. What is the total value added to the GDP?
(A) ₹1000
(B) ₹1200
(C) ₹1600
(D) ₹2200

35. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): In a closed economy, GDP and GNP are always equal.
Reason (R): A closed economy does not have any economic transactions with the rest of the world.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

36. Read the following statements and select the correct option:
Statement I: The Central Statistical Office (CSO) and the National Sample Survey Office (NSSO) have been merged to form the National Statistical Office (NSO).
Statement II: The NSO operates under the Ministry of Finance.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

37. If the Nominal GDP of a country is ₹600 billion and the Real GDP is ₹500 billion, what is the GDP deflator?
(A) 83.3
(B) 110
(C) 120
(D) 150

38. Match List-I (Category) with List-II (Example) and select the correct answer:
List I: (Category)
P. Intermediate Good
Q. Final Good
R. Capital Good
S. Transfer Payment
List II: (Example)
1. Machine used in a factory
2. Steel used in making a car
3. Unemployment allowance
4. Bread purchased by a household
(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-1, R-4, S-3
(D) P-4, Q-2, R-3, S-1

39. Which of the following is the best indicator of the economic health and standard of living of a country's citizens?
(A) Total Gross Domestic Product
(B) Gross National Product
(C) Foreign Exchange Reserves
(D) Real Per Capita Income

40. Consider the following components used in National Income accounting:
1. Private Final Consumption Expenditure
2. Government Final Consumption Expenditure
3. Net Exports (Exports - Imports)
Which of the above are the primary components of the Expenditure Method of GDP calculation?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

41. Which of the following pairs is correctly matched in the context of economic sectors?

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9. (B) Net factor income from abroad is positive.
Gross National Product surpasses Gross Domestic Product when the income earned by domestic residents from their factors of production located abroad exceeds the income earned by foreign residents within the domestic territory. This situation indicates that the net factor income from abroad is positive, reflecting a significant contribution from citizens working or owning capital in other global economic regions.

10. (D) 1, 2, and 3
The GDP deflator serves as a comprehensive price index reflecting the inflation levels of all final goods produced within a nation. It is calculated by determining the ratio of nominal GDP to real GDP. Unlike the Consumer Price Index, which includes imported items, the GDP deflator exclusively tracks the price changes of goods and services produced domestically.

11. (A) Market Price — Factor Cost + Net Indirect Taxes
Market price refers to the final value at which a product is sold to consumers, including all taxes and subsidies. It is calculated by adding net indirect taxes to the factor cost, which represents the total cost of production factors. This adjustment accounts for the impact of government intervention on the final pricing of goods and services.

12. (A) 1-2-3-4
Calculating national income via the value-added method begins with determining the total value of output. Intermediate consumption is then subtracted to find the gross value added. Following this, depreciation is removed to reach net value added at the domestic level. Finally, adding net factor income from abroad yields the national income, reflecting the contributions of all resident factors.

13. (D) It results in overestimating the actual production value.
Double counting occurs when the value of intermediate goods is included multiple times at different stages of production. This error leads to an inflated and inaccurate estimation of the total national output. To prevent this, economists only count the value of final goods or use the value-added method, ensuring that each stage of production is represented exactly once.

14. (C) India's GNP and USA's GDP.
Income earned by an Indian citizen in the USA is part of India's Gross National Product because it is earned by a resident of India. However, since the production occurs within the geographic borders of the United States, it is simultaneously included in the USA's Gross Domestic Product. This illustrates the distinction between domestic and national economic boundaries.

15. (D) A is false but R is true.
Market prices are determined by adding net indirect taxes to the factor cost, which means subsidies are actually subtracted from factor cost rather than added. Subsidies are financial aids that lower the market price of goods relative to their actual production costs. Therefore, while subsidies reduce market prices for consumers, the standard mathematical conversion involves subtracting them from the total.

16. (D) Purchase of a new house by a household.
In national income accounting, the purchase of a newly constructed residential house is categorized as a gross private domestic investment rather than consumption. This is because housing is treated as a capital asset that provides services over a long duration. Other activities, like buying stocks or groceries, do not fall under this specific investment category within the expenditure approach.

17. (A) GDP adjusted for environmental and resource depletion.
Green GDP is an economic metric that modifies the traditional gross domestic product by accounting for environmental consequences. It subtracts the costs associated with the depletion of natural resources and the degradation of the environment caused by production. This provides a more sustainable view of economic growth by highlighting the ecological trade-offs required to achieve specific output levels.

18. (A) P-3, Q-2, R-1, S-4
The primary sector involves direct resource extraction such as agriculture and mining, while the secondary sector focuses on manufacturing and processing. The tertiary sector encompasses

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3. Net retained earnings of resident companies abroad

Which of the above are included in "Net Factor Income from Abroad" (NFIA)?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

51. National Income at Factor Cost is equal to:
(A) NNP at Market Price - Net Indirect Taxes
(B) GDP at Market Price - Depreciation
(C) GNP at Market Price + Subsidies
(D) Personal Income - Direct Taxes

52. Which of the following is a component of the "Operating Surplus" in the income method?
(A) Wages and salaries
(B) Employer's contribution to social security
(C) Mixed income of self-employed
(D) Dividend payments

53. Read the following statements and select the correct option:
Statement I: India's GDP at market prices includes the value of subsidies.
Statement II: Indirect taxes are subtracted from market price to reach factor cost.
(A) Statement I is correct
(B) Statement II is correct
(C) Both are correct
(D) Both are incorrect

54. Which of the following is an example of an "Intermediate Good" in the production of a cake?
(A) The oven used for baking
(B) The cake sold to the customer
(C) The flour used by the baker
(D) The delivery van of the bakery

55. Which of the following is NOT a method to measure National Income?
(A) Expenditure Method
(B) Product Method
(C) Income Method
(D) Investment Method

56. The difference between "Domestic" and "National" concepts in national income accounting is:
(A) Net Factor Income from Abroad
(B) Depreciation
(C) Net Indirect Taxes
(D) Subsidies

57. Which of the following pairs is INCORRECTLY matched?
(A) GDP — Gross Domestic Product
(B) DPI — Disposable Personal Income
(C) NNP — Net National Product
(D) GVA — Gross Value Added

58. Which of the following best describes the "Double Counting" problem?
(A) Counting the value of a final good twice.
(B) Including the value of intermediate goods in the final GDP.
(C) Including both taxes and subsidies in the market price.
(D) Counting the income of a person twice in the survey.

59. In India, the estimation of National Income is primarily the responsibility of:
(A) National Statistical Office (NSO)
(B) Reserve Bank of India
(C) Ministry of Finance
(D) NITI Aayog

60. Which of the following is subtracted from GNP to arrive at NNP?
(A) Indirect Taxes
(B) Subsidies
(C) Depreciation
(D) Net Factor Income from Abroad

61. Real GDP is measured at:
(A) Current market prices
(B) Factor cost only
(C) Wholesale price index
(D) Base year prices

62. Read the following statements and select the correct option:
Statement I: Transfer payments represent a redistribution of income.
Statement II: Transfer payments are a reward for current productive activity.
(A) Statement I is correct
(B) Statement II is correct
(C) Both are correct

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Indirect Taxes
(D) Transfer Payments — Unemployment allowance

25. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): GDP is not a perfect measure of welfare or the standard of living.
Reason (R): GDP does not account for income inequality, environmental degradation, or non-market transactions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

26. Which of the following is the most appropriate definition of Per Capita Income?
(A) Income concentrated within the top one percent of citizens.
(B) Average income earned per person in a specific area.
(C) National wealth divided by the total number of households.
(D) Minimum wages guaranteed to every citizen by legislation.

27. Which of the following is NOT an adjustment made while converting GDP at Market Price to NNP at Factor Cost?
(A) Subtracting Net Factor Income from Abroad.
(B) Subtracting Depreciation.
(C) Subtracting Indirect Taxes.
(D) Adding Subsidies.

28. Match List-I (Method) with List-II (Focus Area) and select the correct answer:
List I: (Method)
P. Value Added Method
Q. Income Method
R. Expenditure Method
S. Product Method
List II: (Focus Area)
1. Final Consumption
2. Industrial Origin
3. Factor Payments
4. Stages of Production
(A) P-4, Q-3, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-1, R-3, S-2
(D) P-3, Q-4, R-2, S-1

29. The term "Base Year" in national income accounting refers to:
(A) The specific year with the highest recorded GDP growth.
(B) The initial year following national political independence.
(C) The fiscal year in which the federal budget was balanced.
(D) Benchmark year for calculating growth at constant prices.

30. Consider the following statements about India's GDP trends:
1. The service sector is the largest contributor to India's GDP.
2. The agriculture sector employs the largest share of the workforce but contributes the least to GDP among the three sectors.
3. India's GDP growth rate has been consistently above 10% for the last two decades.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

31. Disposable Personal Income is equal to:
(A) Personal Income plus Transfer Payments.
(B) Personal Income minus Personal Direct Taxes.
(C) National Income minus Depreciation.
(D) GDP minus Indirect Taxes.

32. Which of the following statements is correct regarding the "Factor Cost"?
(A) Includes the impact of indirect taxes on the final price.
(B) Exceeds market price due to high production expenses.
(C) Excludes any financial subsidies provided by the state.
(D) Total cost of factors used in creating a specific good.

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(C) Voluntary work in a community center.
(D) Technological innovation.

76. "Mixed Income of Self-Employed" is a concept used in which method?
(A) Expenditure Method
(B) Value Added Method
(C) Income Method
(D) Investment Method

77. Which of the following pairs is correctly matched regarding economic rankings?
(A) Nominal GDP — 1st
(B) GDP at PPP — 3rd
(C) Per Capita Income — 5th
(D) GDP growth rate — Always negative

78. Which of the following is NOT a part of "Gross Domestic Product"?
(A) Profits generated by foreign banking units within India.
(B) Spending by foreign tourists visiting the domestic area.
(C) Income of Indian residents working in the US Embassy in India.
(D) Infrastructure spending by the government on new bridges.

79. The term "Consumption of Fixed Capital" refers to:
(A) Use of raw materials
(B) Depreciation
(C) Payment of wages
(D) Payment of interest

80. Which of the following adjustments converts "Market Price" to "Factor Cost"?
(A) Adding Net Indirect Taxes
(B) Subtracting Depreciation
(C) Adding Net Factor Income from Abroad
(D) Subtracting Net Indirect Taxes

81. Read the following statements and select the correct option:
Statement I: GDP deflator is the most comprehensive measure of inflation.
Statement II: CPI only covers goods consumed by households.
(A) Statement I is correct
(B) Statement II is correct
(C) Both are correct
(D) Both are incorrect

82. Which of the following is excluded from the calculation of National Income using the Expenditure Method?
(A) Purchase of a new car for personal use.
(B) Government expenditure on defense.
(C) Purchase of an existing house.
(D) Export of software services.

83. Which of the following sectors has seen the most rapid growth in India since 1991?
(A) Services
(B) Agriculture
(C) Manufacturing
(D) Small scale industries

84. Net Factor Income from Abroad is the difference between:
(A) Difference between total exports and total imports.
(B) Difference between gross and net national products.
(C) Difference between personal and disposable income.
(D) Net difference between factor income from and to abroad.

85. Which of the following is a limitation of the Value Added Method?
(A) Systematic exclusion of the national service sector.
(B) Ambiguity in distinguishing intermediate from final goods.
(C) Failure to account for the consumption of fixed capital.
(D) Use of current prices instead of constant base prices.

86. Which of the following is NOT a part of "National Income"?
(A) Rent
(B) Interest
(C) Transfer payments
(D) Profit

87. Personal Disposable Income is the amount of money:
(A) Aggregate income earned by the state via taxation.
(B) Funds remaining after total government expenditures.
(C) Total liquid money supply held within banking systems.

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(A) Agriculture — Secondary Sector
(B) Banking — Tertiary Sector
(C) Fisheries — Secondary Sector
(D) Electricity — Primary Sector

42. Which of the following is NOT a limitation of using GDP as a measure of social welfare?
(A) It does not account for the distribution of income.
(B) It includes the value of intermediate goods.
(C) It ignores non-market activities like housework.
(D) It fails to account for environmental externalities.

43. The "Value Added" in the production process is equal to:
(A) Value of Output minus Intermediate Consumption.
(B) Value of Output plus Depreciation.
(C) Sales minus Profits.
(D) Wages plus Salaries.

44. Which concept of National Income is used to compare the relative economic size of countries while accounting for the cost of living and inflation?
(A) Current Nominal GDP at market prices.
(B) Gross National Income at factor cost.
(C) GDP at Purchasing Power Parity (PPP).
(D) Total GDP at current factor cost.

45. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Depreciation is not included in the calculation of Net National Product.
Reason (R): Depreciation represents the wear and tear of capital assets during the production process and does not add to the net output.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

46. Which of the following statements is correct about the change in India's GDP base year?
(A) The base year was changed from 1999-00 to 2004-05 recently.
(B) Changing the base year has no impact on the GDP growth rate figures.
(C) The base year was changed from 2004-05 to 2011-12.
(D) The base year is changed every year to reflect current market prices.

47. Which of the following is an INCORRECT statement regarding the composition of India's GDP?
(A) The agriculture sector's share has generally declined over the decades.
(B) The industrial sector's share has surpassed the service sector's share.
(C) The service sector contributes more than 50% to the Gross Value Added (GVA).
(D) Construction is a part of the secondary sector.

48. Match List-I (Term) with List-II (Definition) and select the correct answer:
List I: (Term)
P. Net Indirect Taxes
Q. Operating Surplus
R. Compensation of Employees
S. Mixed Income
List II: (Definition)
1. Wages and Salaries in cash and kind
2. Indirect Taxes minus Subsidies
3. Income of unincorporated enterprises
4. Rent + Interest + Profit
(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-1, R-4, S-3
(D) P-4, Q-2, R-3, S-1

49. If an economy is experiencing high inflation, which of the following will be true?
(A) Nominal GDP will grow faster than Real GDP.
(B) Real GDP will grow faster than Nominal GDP.
(C) The GDP Deflator will be less than 100.
(D) Nominal GDP and Real GDP will remain equal.

50. Consider the following components:
1. Net compensation of employees
2. Net income from property and entrepreneurship

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ANSWERS

1. (A) Total factor incomes earned by a country's residents.
National income represents the sum total of all factor incomes, such as wages, rent, interest, and profits, earned by the normal residents of a country during a specific period. It accounts for economic activities both within the domestic territory and from abroad, excluding any transfer payments that do not involve current production of goods and services.

2. (C) Market value of final goods produced domestically.
Gross Domestic Product measures the aggregate market value of all final goods and services produced within the geographic boundaries of a country over a specific year. To avoid the issue of double counting, it excludes intermediate goods used in the production process and focuses solely on the output that reaches the end-user for consumption or investment.

3. (C) Both Statement I and Statement II are correct.
Net National Product is derived by subtracting the consumption of fixed capital from the Gross National Product to account for asset wear and tear. Furthermore, Net National Product evaluated at factor cost is the official measure known as national income, as it reflects the actual payments made to the various factors of production in the economy.

4. (D) The expenditure method includes the purchase of old shares and bonds.
National income estimation excludes transactions involving the exchange of existing assets, shares, or bonds because they do not represent current production or value addition in the economy. While the income, expenditure, and output methods are standard approaches to measurement, the expenditure method specifically focuses on new final consumption and investment spending, omitting purely financial asset transfers in markets.

5. (A) Both A and R are true and R is the correct explanation of A.
Real GDP provides a more accurate representation of economic progress by adjusting the output value for price changes over time using a base year. Unlike nominal GDP, which reflects current price levels and inflation, real GDP isolates actual production volume increases. This makes it a preferred metric for comparing national economic growth across different fiscal years accurately.

6. (C) Old-age pensions provided by government agencies.
National income excludes transfer payments like old-age pensions because they are one-sided payments that do not correspond to any current productive activity or output. Such payments represent a redistribution of existing income rather than the creation of new value. In contrast, compensation for employees, profits from state enterprises, and rental income are all rewards for contributing factors of production.

7. (D) Corporate taxes and undistributed business profits.
Personal income is derived from national income by adjusting for funds that do not actually reach households for their use. This requires subtracting corporate taxes paid to the government and undistributed profits retained by firms for future investment. Additionally, social security contributions are removed, while transfer payments received by individuals from the government or firms are added back.

8. (A) P-4, Q-1, R-2, S-3
GDP at market price incorporates indirect taxes while NNP at factor cost serves as the primary measure for national income. Personal disposable income represents the funds remaining after individuals pay direct taxes from their total personal income. Finally, Gross National Product is calculated by adding the net factor income earned from abroad to the domestic production value of the country.

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(D) Net income households use for spending or saving.

88. If Net Factor Income from Abroad is zero, then:
(A) GDP = GNP
(B) GDP > GNP
(C) GDP < GNP
(D) NNP = NI

89. Which of the following constitutes "Operating Surplus"?
(A) Wages + Rent
(B) Rent + Interest + Profit
(C) Profit + Wages
(D) Interest + Mixed Income

90. In the context of National Income, "Subsidies" are:
(A) Compulsory taxes paid by enterprises to the state.
(B) Financial aid provided by the government to businesses.
(C) Net commercial profits earned by state-run companies.
(D) Public loans taken by the state for funding projects.

91. Which of the following is a component of "Private Final Consumption Expenditure"?
(A) Purchase of a laptop by a student.
(B) Purchase of a tractor by a farmer.
(C) Construction of a highway by the government.
(D) Purchase of raw materials by a factory.

92. Which of the following is NOT a part of the Tertiary Sector?
(A) Communication
(B) Transport
(C) Gas and Water supply
(D) Real Estate

93. The difference between NNP at Market Price and NNP at Factor Cost is:
(A) Depreciation
(B) Net Factor Income from Abroad
(C) Mixed Income
(D) Net Indirect Taxes

94. Which of the following is an "INCORRECT Pair"?
(A) Nominal GDP — Current Prices
(B) Real GDP — Constant Prices
(C) GNP — Domestic Territory only
(D) GDP Deflator — Price Index

95. In which method of National Income calculation is "Change in Stock" specifically added?
(A) Income Method
(B) Product Method
(C) Expenditure Method
(D) Both (B) and (C)

96. Which of the following indicates that a country is a "Net Creditor" to the rest of the world?
(A) Negative Net Factor Income from Abroad
(B) High Budget Deficit
(C) High Inflation Rate
(D) Positive Net Factor Income from Abroad

97. "Economic Territory" of a country does NOT include:
(A) Foreign embassies located within the country
(B) Territorial waters and airspace
(C) Embassies and consulates located abroad
(D) Fishing vessels operated by residents in international waters

98. Which of the following is correct?
(A) GDP at FC = National Income
(B) GNP at MP = National Income
(C) NNP at FC = National Income
(D) Personal Income = National Income

99. The "Circular Flow of Income" shows the relationship between:
(A) Households and Firms
(B) Only Government and Firms
(C) Only Banks and Households
(D) Exports and Imports only

100. Which of the following is the most appropriate reason for revising the base year of GDP?
(A) Artificially inflating the recorded GDP growth rate.
(B) Achieving a targeted reduction in the fiscal deficit.
(C) Matching global data presentation and reporting styles.
(D) Capturing structural changes in the national economy.

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services like information technology and banking. Finally, the quaternary sector includes highly specialized knowledge-based activities, such as research and development, which drive innovation and advanced problem-solving within the modern national economy.

19. (C) Both Statement I and Statement II are correct.
Purchasing Power Parity exchange rates are determined by evaluating the cost of a standard basket of goods across different nations to adjust for price level differences. When measured using this metric, India is recognized as the third-largest economy globally. This approach provides a clearer comparison of the actual standard of living and economic size than market exchange rates.

20. (D) 1, 2, and 3
The income method calculates national income by summing the various types of earnings generated in the production process. This includes the compensation of employees, which covers wages and salaries. It also incorporates the operating surplus, comprising rent, interest, and profit. Finally, the mixed income of self-employed individuals is added to account for unincorporated enterprises where factors are combined.

21. (B) NITI Aayog — Primary agency for calculating GDP
The estimation of national income and GDP in India is the primary responsibility of the National Statistical Office, which was formed by merging the Central Statistical Office and the National Sample Survey Office. While NITI Aayog is a premier policy think tank that provides strategic direction, it does not function as the official agency for statistical data collection or GDP calculation.

22. (A) 1-2-3-4
Typically, Gross National Product is the largest value as it includes total production and factor income. Net National Product is smaller due to the subtraction of depreciation. National Income is further refined by evaluating output at factor cost. Personal Disposable Income is generally the smallest value because it excludes corporate retentions and direct taxes, representing final household spending power.

23. (D) Real National Income
Real national income refers to the value of goods and services produced by a country, calculated using prices from a fixed base year. By holding prices constant, this measure eliminates the distorting effects of inflation or deflation. This allows economists to track actual changes in the physical volume of production and compare the economic performance of different years accurately.

24. (A) National Income — NNP at Market Price
National income is formally defined as Net National Product at factor cost rather than at market price. Market prices include net indirect taxes, which do not reflect the actual payments made to the factors of production. Accurate national income accounting requires the removal of these tax distortions to show the true earnings of land, labor, capital, and entrepreneurship.

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25. (A) Both A and R are true and R is the correct explanation of A.
While GDP measures the total output of an economy, it is an incomplete indicator of social welfare. It fails to reflect how income is distributed among the population or the environmental damage caused by industrial activity. Additionally, many valuable non-market activities, such as domestic care work, are excluded, meaning a rising GDP does not always signify better living conditions.

26. (B) Average income earned per person in a specific area.
Per capita income is a statistical measure obtained by dividing the total national income of a country by its entire population. It serves as an indicator of the average economic well-being and standard of living for individuals within that nation. While useful for comparisons, it does not account for income inequality or the actual distribution of wealth among citizens.

27. (A) Subtracting Net Factor Income from Abroad.
Converting Gross Domestic Product at market price to Net National Product at factor cost requires several specific adjustments. One must subtract depreciation to reach net values and subtract net indirect taxes to reach factor cost. However, since the goal is to reach a national concept, net factor income from abroad must be

different sectors are accurate. This results in a more realistic and relevant measure of current economic activity and growth trends.

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Office. This new unified body is responsible for coordinating statistical activities and calculating GDP. However, the NSO operates under the Ministry of Statistics and Programme Implementation, rather than the Ministry of Finance, which handles fiscal policy and national budgeting tasks.

37. (C) 120
The GDP deflator is determined by dividing the nominal GDP by the real GDP and then multiplying the result by one hundred. In this specific scenario, dividing six hundred billion by five hundred billion yields one point two. Multiplying this by one hundred results in a deflator of one hundred twenty, indicating that the price level has increased by twenty percent.

38. (A) P-2, Q-4, R-1, S-3
Intermediate goods, like steel for cars, are used during the production process, while final goods, like bread for households, are ready for consumption. Capital goods, such as factory machinery, are used to produce other items over time. Finally, transfer payments, including unemployment allowances, represent money provided to individuals without any corresponding production of goods or services in the current period.

39. (D) Real Per Capita Income
Real per capita income is widely considered the most effective measure of the economic health and standard of living of a nation's people. By adjusting the average income for inflation, it reflects the actual purchasing power and availability of goods per person. While total GDP shows the size of the economy, real per capita income highlights the individual economic welfare levels.

40. (D) 1, 2, and 3
The expenditure method calculates GDP by summing all final spending in the economy over a year. This includes private final consumption by households, government final consumption for public services, and gross domestic capital formation for investments. Additionally, net exports, which are calculated as total exports minus total imports, are included to account for the international trade balance of the country.

41. (B) Banking — Tertiary Sector
The tertiary sector, also known as the service sector, includes activities that support production and provide intangible benefits, such as banking, transport, and communication. In contrast, agriculture and fisheries belong to the primary sector because they involve harvesting natural resources. Electricity production is generally classified under the secondary sector as it involves the industrial process of power generation and distribution.

42. (B) It includes the value of intermediate goods.
One of the fundamental principles of GDP calculation is the exclusion of intermediate goods to prevent double counting. Therefore, the inclusion of intermediate goods is not a limitation but rather an error that standard accounting avoids. Actual limitations include the failure to account for income inequality, the omission of non-market housework, and the neglect of environmental damage caused during industrial production.

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43. (A) Value of Output minus Intermediate Consumption.
Value added represents the additional worth created at each stage of the production process. It is mathematically determined by subtracting the cost of intermediate consumption, such as raw materials and energy, from the total value of the output produced. This measure ensures that only the unique contribution of a firm or industry is counted toward the total gross domestic product.

44. (C) GDP at Purchasing Power Parity (PPP).
GDP at Purchasing Power Parity is the most effective metric for comparing the relative sizes of different economies. It adjusts for differences in price levels and the cost of living between countries, allowing for a more accurate comparison of actual production and standard of living. This method provides a clearer picture than nominal exchange rates, which can be highly volatile.

45. (A) Both A and R are true and R is the correct explanation of A.
Net National Product is calculated by removing depreciation from the Gross National Product. Depreciation represents the inevitable reduction in the value of capital assets due to wear, tear,

and obsolescence during production. Since this portion of the gross output merely replaces existing capital rather than adding new wealth to the economy, it is excluded to find the net production value.

46. (C) The base year was changed from 2004-05 to 2011-12.
India updated its GDP base year from 2004-05 to 2011-12 to better reflect the evolving structure of the national economy. This change incorporates more recent data on production patterns and consumption habits, ensuring that economic growth figures are accurate. Periodic revisions of the base year are essential to capture technological advancements and shifts in the relative importance of different industries.

47. (B) The industrial sector's share has surpassed the service sector's share.
In the composition of India's economy, the service sector remains the dominant contributor, accounting for more than half of the total Gross Value Added. While the share of the agriculture sector has gradually declined over time, the industrial sector has not surpassed the services sector in its contribution to GDP. Construction continues to be recognized as a vital component of the secondary sector.

48. (A) P-2, Q-4, R-1, S-3
Net indirect taxes are calculated as the total indirect taxes minus any government subsidies. Operating surplus is the sum of rent, interest, and profit earned by owners of production factors. Compensation of employees includes all wages and salaries paid to workers. Lastly, mixed income refers to the earnings of unincorporated enterprises where the owner provides both labor and other factors of production.

49. (A) Nominal GDP will grow faster than Real GDP.
During periods of high inflation, nominal GDP increases significantly because it is calculated using current market prices which are rising. Real GDP, however, is calculated at constant base year prices and only reflects changes in the actual volume of production. Consequently, when prices rise rapidly, the nominal growth rate will naturally exceed the real growth rate, reflecting the inflationary pressure.

50. (D) 1, 2, and 3
Net Factor Income from Abroad is a comprehensive measure that includes various income flows between a country and the rest of the world. It encompasses net compensation earned by employees working across borders and net income from property and entrepreneurship. Furthermore, it includes the net retained earnings of resident companies that operate in foreign markets, providing a complete picture of national earnings.

51. (A) NNP at Market Price - Net Indirect Taxes
National income at factor cost is derived from Net National Product at market price by adjusting for government intervention through taxes and subsidies. By subtracting net indirect taxes, which are indirect taxes minus subsidies, the final value reflects only the actual payments made to the factors of production. This ensures the measure represents the true income earned by residents for their contributions.

52. (D) Dividend payments
Operating surplus is a key component of the income method, representing the income generated by property and entrepreneurship. It typically includes rent, interest, and total profits. Since dividends are the portion of corporate profits distributed to shareholders, they are categorized under this surplus. Wages and mixed income, however, are separate components of the national income calculation rather than parts of the operating surplus.

53. (B) Statement II is correct.
Market price is determined by adding net indirect taxes to the factor cost, which means that indirect taxes are included while subsidies are subtracted from the producer's price. To reverse this and find the factor cost, indirect taxes must be subtracted from the market price. Therefore, the statement that indirect taxes are removed to reach the factor cost is fundamentally accurate in accounting.

54. (C) The flour used by the baker.
An intermediate good is an item used as an input in the production of a final product. In the context of making a cake, flour is consumed during the process and transformed into the finished good. Unlike capital goods like ovens or delivery vans, which are used repeatedly over time, flour is a

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direct material input that is fully utilized within a single cycle.

55. (D) Investment Method
There are three standard methods used to measure national income: the income method, the expenditure method, and the product or value-added method. While investment is a significant component within the expenditure method, there is no standalone approach recognized as the investment method for calculating total national output. Each standard method approach looks at the economic cycle from a different perspective to ensure accuracy.

56. (A) Net Factor Income from Abroad
The fundamental difference between domestic and national concepts lies in the treatment of income earned across borders. Domestic concepts focus on the production occurring within a country's geographic territory, regardless of who owns the factors. National concepts, however, adjust this by adding income earned by residents abroad and subtracting income earned by foreign residents domestically, using the net factor income from abroad.

57. (B) DPI — Disposable Personal Income
In standard economic terminology, the acronym for the funds available to households after taxes is usually written as PDI, standing for Personal Disposable Income. While the components are the same, the specific ordering of the words in the acronym provided in the list is considered the incorrect pair in this context. GDP, NNP, and GVA are all standard and correctly matched acronyms.

58. (B) Including the value of intermediate goods in the final GDP.
Double counting is a logical error in national income accounting where the value of a good is included more than once. This typically happens when the value of intermediate goods is added alongside the value of the final product. To avoid this, only the final value of goods is counted, or the value added at each specific stage of production is aggregated.

59. (A) National Statistical Office (NSO)
The National Statistical Office is the premier governmental body in India tasked with the collection, analysis, and publication of national income data. It operates under the Ministry of Statistics and Programme Implementation. While other institutions like the Reserve Bank of India and NITI Aayog use this data for policy and planning, the official responsibility for calculating GDP lies with the NSO.

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60. (C) Depreciation
To transition from a gross measure to a net measure in national income accounting, one must account for the wear and tear of capital goods. Depreciation, also known as the consumption of fixed capital, is subtracted from Gross National Product to arrive at Net National Product. This adjustment ensures that the final figure represents the actual net addition to the nation's total wealth.

61. (D) Base year prices
Real GDP is an inflation-adjusted measure that reflects the value of all goods and services produced by an economy in a given year, expressed in base-year prices. By using constant prices from a specific benchmark year, it allows for the measurement of actual physical output changes over time. This makes it superior to nominal GDP for analyzing long-term economic growth and performance.

62. (A) Statement I is correct.
Transfer payments, such as social security and welfare benefits, involve the movement of money from the government to individuals without any corresponding production of goods or services. Therefore, they represent a redistribution of existing income within the economy rather than a reward for current productive activity. Because no value is created during these transactions, they are excluded from the national income calculation.

63. (B) Categorizes income into wages, rent, interest, and profit.
The income method approaches the calculation of national income by summing all the different types of earnings generated during the production process. These earnings are categorized as wages for labor, rent for land, interest for capital, and profit for entrepreneurship. By aggregating these factor payments, the method provides a detailed view of how the total value produced is distributed among production factors.

64. (D) Nominal GDP and Real GDP
The GDP deflator is an economic metric that tracks the overall level of price changes for all domestically produced final goods and services. It is expressed as the ratio of nominal GDP, which uses current prices, to real GDP, which uses constant base-year prices. Multiplying this ratio by one hundred provides a percentage that indicates the extent of inflation or deflation.

65. (A) Mining and quarrying
The primary sector of an economy is defined by activities that involve the direct extraction or harvesting of natural resources from the earth. This includes agriculture, forestry, fishing, and mining. Unlike the secondary sector, which processes these materials into finished goods, or the tertiary sector, which provides services, the primary sector forms the fundamental base of the production chain by supplying raw materials.

66. (C) National Income at market price decreases.
Market prices are determined by adding indirect taxes to factor costs and then subtracting subsidies. Therefore, if the government increases subsidies while other variables remain constant, the final market price of those goods will naturally decline. This reduction in market prices leads to a decrease in the total national income when it is measured at market price levels, despite the production staying the same.

67. (A) Wealth
In economics, a stock variable is a quantity measured at a specific point in time, such as the total amount of wealth a person possesses. In contrast, flow variables, like national income, investment, and consumption, are measured over a certain period, such as a month or a year. Understanding this distinction is essential for accurately analyzing the financial state and activities within an economy.

68. (A) Statement I is correct.
Green GDP is a specialized economic measure designed to account for the environmental impact of production. It adjusts the standard GDP figure by subtracting the estimated costs of natural resource depletion and environmental degradation. Because these environmental costs are subtracted, Green GDP is typically lower than conventional GDP, making the statement regarding it being higher incorrect in standard economic contexts.

69. (B) Change in stocks/inventories
Gross domestic capital formation represents the total addition to the physical capital stock of an economy during a specific period. It primarily consists of gross fixed capital formation, such as investments in machinery and infrastructure, and the change in stocks or inventories held by firms. This measure is a key indicator of the future productive capacity and investment health of the national economy.

70. (C) Value Added Method
The output method is a technique used to calculate national income by determining the total value of all goods and services produced. It is commonly referred to as the value-added method because it focuses on the additional value created at each stage of production. By subtracting intermediate costs from the final output value, it ensures that every contribution is counted exactly once.

71. (D) National Income
Net National Product at factor cost is the official technical term for national income. It represents the total earnings of all factors of production residing in a country, including those earning income from abroad, after accounting for capital depreciation. By evaluating this at factor cost, the distortions caused by government taxes and subsidies are removed, providing a pure measure of total factor earnings.

72. (A) Profit increases earned by an Indian firm in the UK.
Profits earned by an Indian company operating in the United Kingdom are included in India's Gross National Product because they are earned by a resident entity. However, since the actual production and economic activity occur outside the geographic borders of India, they are not included in India's Gross Domestic Product. This highlights the conceptual difference between national ownership and domestic geographic location.

73. (B) Old age pensions
Compensation of employees includes all forms of payment made by employers to their workers for services rendered, such as cash wages and

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contributions to social security funds. However, old-age pensions are considered transfer payments because they are given to individuals who are no longer actively participating in production. Since they are not a reward for current labor, they are excluded from employee compensation.

74. (B) Decrease
Per capita income is calculated by dividing the total real GDP by the entire population. If the number of people in a country grows at a faster rate than the actual production of goods and services, the average share of income available for each person will necessarily decline. This indicates that economic growth is not keeping pace with demographic changes, leading to a lower average standard of living.

75. (A) Pollution caused by a factory.
Negative externalities are harmful effects of production or consumption that are not reflected in market prices or GDP. For example, a factory may produce valuable goods that increase GDP, but it also creates pollution that harms public health and the environment. Since the costs of this environmental damage are not captured in national accounts, GDP often overstates the actual social welfare of a nation.

76. (C) Income Method
The concept of mixed income of the self-employed is specifically utilized in the income method of calculating national income. It accounts for the earnings of unincorporated enterprises, such as small shops or family farms, where it is difficult to separate the owner's labor income from their profit or rent. This category ensures that all forms of factor income are included in the final aggregation.

77. (B) GDP at PPP — 3rd
When evaluated using Purchasing Power Parity, which adjusts for the relative cost of living and local price levels, India ranks as the third-largest economy in the world. This ranking differs from nominal GDP measurements where India's position is typically lower. PPP provides a more accurate comparison of the total volume of goods and services that the national economy can actually produce and consume.

78. (C) Income of Indian residents working in the US Embassy in India.
In national income accounting, the economic territory of a country excludes foreign embassies located within its geographic borders. These embassies are legally considered part of the territory of the nations they represent. Therefore, the income earned by individuals working inside a foreign embassy is not included in the Gross Domestic Product of the host country, as it is produced outside its domestic economic territory.

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79. (B) Depreciation
Consumption of fixed capital is the formal term used in national accounting to describe depreciation. it represents the portion of the value of fixed assets, such as buildings and machinery, that is used up or lost during the production process due to physical wear and tear. Subtracting this amount from gross domestic or national products is necessary to determine the net value of output.

80. (D) Subtracting Net Indirect Taxes
Market prices include the impact of government intervention in the form of indirect taxes and subsidies. To convert a value from market price to factor cost, one must remove these distortions by subtracting net indirect taxes. Since net indirect taxes are defined as total indirect taxes minus subsidies, subtracting them effectively removes the taxes and adds back the subsidies to the market price.

81. (C) Both are correct.
The GDP deflator is considered the most comprehensive measure of inflation because it tracks price changes for every good and service produced within an economy. In contrast, the Consumer Price Index only focuses on the specific basket of goods and services typically consumed by households. Both measures provide essential information, but the GDP deflator covers a much broader range of economic activities.

82. (C) Purchase of an existing house.
The expenditure method only includes spending on newly produced final goods and services within the current accounting period. The purchase of an existing house is a transfer of ownership for a previously produced asset and does not represent new production. Therefore, it is excluded from

GDP calculation to avoid overstating the current economic output, though the services of real estate agents are included.

83. (A) Services
Since the economic reforms initiated in 1991, the service sector has emerged as the fastest-growing component of the Indian economy. Driven by advancements in information technology, telecommunications, and financial services, this sector has significantly increased its contribution to the national Gross Value Added. It has surpassed both agriculture and manufacturing in terms of growth rate and total share of the domestic economy.

84. (D) Net difference between factor income from and to abroad.
Net factor income from abroad is the total income earned by a country's residents from their investments and work in foreign countries, minus the income earned by foreign residents within the domestic territory. It is the crucial link that connects domestic economic measures, like GDP, to national measures, like GNP. A positive figure indicates that citizens are earning more globally than foreigners are domestically.

85. (B) Ambiguity in distinguishing intermediate from final goods.
A significant challenge in the value-added method is the difficulty in clearly distinguishing between intermediate and final goods. The same product, such as electricity or coal, can serve as a final good for households or an intermediate input for a factory. This ambiguity can lead to errors in accounting and the potential for double counting if the items are not categorized correctly.

86. (C) Transfer payments
National income consists of the sum of factor incomes earned by residents in exchange for their contributions to production. Rent, interest, and profit are all payments made to the owners of land, capital, and entrepreneurship. In contrast, transfer payments are social security or welfare payments made without any corresponding productive service. Because they do not represent new value creation, they are excluded from national income.

87. (D) Net income households use for spending or saving.
Personal disposable income is the total amount of money that individuals have left after paying all direct taxes and other mandatory government fees. It represents the actual funds available for households to allocate toward personal consumption or to set aside as savings. This metric is a vital indicator of consumer demand and the overall purchasing power within the national economy.

88. (A) GDP = GNP
The difference between Gross Domestic Product and Gross National Product is entirely defined by the net factor income from abroad. If the income earned by residents abroad is exactly equal to the income earned by foreigners within the country, the net factor income becomes zero. In this specific scenario, the domestic production value and the total national production value remain identical in accounting.

89. (B) Rent + Interest + Profit
Operating surplus is an important category in the income method of national accounting, representing the income derived from the ownership of property and entrepreneurial activity. It is calculated by summing the total rent earned from land, interest earned from capital, and profits generated by businesses. This surplus excludes labor compensation and the mixed income of self-employed individuals, focusing purely on non-labor factor earnings.

90. (B) Financial aid provided by the government to businesses.
Subsidies are financial transfers from the government to producers intended to lower the market price of essential goods or to encourage specific economic activities. They act as the opposite of indirect taxes by reducing the cost to the consumer while ensuring producers receive their required factor payments. In national accounting, subsidies are added to market prices to calculate the total value at factor cost.

91. (A) Purchase of a laptop by a student.
Private final consumption expenditure includes all spending by households and private non-profit institutions on final goods and services for their own use. A student purchasing a laptop for

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personal or educational use is a clear example of this consumption. In contrast, purchases by farmers for production or government spending on infrastructure fall under investment or government expenditure categories, rather than private consumption.

92. (C) Gas and Water supply
The tertiary sector is primarily composed of service-oriented activities like transport, communication, and real estate. However, industries involved in the utility sector, such as gas, water, and electricity supply, are traditionally categorized as part of the secondary sector. This is because they involve industrial processes and infrastructure for the processing and distribution of essential resources, rather than providing purely intangible services.

93. (D) Net Indirect Taxes
The difference between a national accounting measure at market price and the same measure at factor cost is always defined by net indirect taxes. Market prices include these taxes and exclude subsidies, whereas factor costs reflect only the earnings of the production factors. By subtracting indirect taxes and adding back subsidies, one converts market price figures into their corresponding factor cost values.

94. (C) GNP — Domestic Territory only
Gross National Product is a measure that follows the ownership of factors of production rather than geographic boundaries. It includes the total value produced by the residents of a country, regardless of whether that production occurs at home or in a foreign nation. Therefore, defining GNP as being limited to the domestic territory is incorrect, as that definition describes Gross Domestic Product instead.

95. (D) Both (B) and (C)
The change in stock, or inventory investment, is an essential component in both the product method and the expenditure method of calculating GDP. In the product method, it is added to sales to determine the total value of output produced during the year. In the expenditure method, it is included as part of gross domestic capital formation, representing investment in future production capacity.

96. (D) Positive Net Factor Income from Abroad.
A country is considered a net creditor when its residents own more assets and earn more income from the rest of the world than foreigners earn from within that country. This status is reflected by a positive net factor income from abroad. It indicates that the nation is successfully exporting the services of its capital and labor, resulting in a net inflow of earnings.

97. (A) Foreign embassies located within the country
The economic territory of a country encompasses its geographic boundaries, territorial waters, and airspace, as well as its embassies and consulates located in other nations. However, it explicitly excludes foreign embassies and international organizations situated within its own borders. These locations are treated as being part of the economic territory of the nations or organizations they represent, not the host country.

98. (C) NNP at FC = National Income
In the system of national accounts, national income is formally defined as the Net National Product evaluated at factor cost. This measure represents the total value of final output produced by a nation's residents after accounting for the depreciation of capital assets. By using factor cost, it accurately reflects the total income earned by the providers of labor, land, capital, and entrepreneurship.

99. (A) Households and Firms
The circular flow of income is a fundamental economic model that illustrates the continuous movement of money and goods between different sectors of the economy. It primarily shows how households provide factors of production to firms and, in return, receive income. Firms use these factors to produce goods and services, which households then purchase using the income they have earned from the firms.

100. (D) Capturing structural changes in the national economy.
Revising the base year for GDP calculation is essential because economies undergo significant structural changes over time. New industries emerge, consumption patterns shift, and technological progress alters production costs. By updating the benchmark year, statisticians can ensure that the weights assigned to

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added to the domestic figure, not subtracted from it.

28. (A) P-4, Q-3, R-1, S-2
The value-added method focuses on the various stages of production to avoid double counting, while the income method aggregates factor payments like wages and rent. The expenditure method tracks final consumption and investment spending by different sectors. Lastly, the product method identifies the industrial origin of output, highlighting the specific contributions of various sectors to the total national production.

29. (D) Benchmark year for calculating growth at constant prices.
A base year serves as a fixed point of reference in national income accounting to facilitate the comparison of economic data over time. By using the prices from this benchmark year, economists can calculate real GDP and eliminate the influence of price fluctuations. This ensures that reported growth reflects actual changes in production volume rather than mere changes in currency value.

30. (A) 1 and 2 only
In the Indian economy, the service sector provides the largest contribution to the total Gross Value Added. Conversely, the agriculture sector remains the primary employer for the majority of the workforce, despite contributing the smallest share to the national output among the three main sectors. However, annual GDP growth rates have fluctuated significantly and have not stayed consistently above ten percent.

31. (B) Personal Income minus Personal Direct Taxes.
Disposable personal income represents the total amount of money that households and non-corporate businesses have remaining after fulfilling their direct tax obligations to the government. This figure reflects the actual purchasing power available to individuals for either personal consumption or private savings. It is a crucial indicator for analyzing consumer behavior and overall demand within the national economy.

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32. (D) Total cost of factors used in creating a specific good.
Factor cost represents the total expenditure incurred by a producer on the various factors of production, including land, labor, capital, and entrepreneurship. It excludes the impact of indirect taxes and subsidies that eventually change the price in the market. Essentially, it reflects the income received by the owners of production factors for their contribution to the output of goods.

33. (A) They are included in the calculation of National Income.
Transfer payments, such as scholarships, unemployment benefits, and social security, are excluded from the calculation of national income. These are considered one-way transactions because the recipient does not provide any good or service in return. Since they do not reflect any current production or value addition, including them would lead to an inaccurate assessment of the economy's actual output.

34. (C) ₹1600
The total value added is calculated by summing the contributions at each stage of production while excluding intermediate costs. The flour producer adds one thousand rupees of value. The bakery adds another six hundred rupees, which is the final bread value of twelve hundred minus the six hundred rupees of flour used. Thus, the total contribution to the GDP is sixteen hundred rupees.

35. (A) Both A and R are true and R is the correct explanation of A.
In a closed economy, there is no trade or movement of factors of production across international borders. Consequently, the net factor income from abroad is zero, as there are no foreign residents earning income domestically and no citizens earning income outside. Because the difference between domestic and national metrics is entirely dependent on international transactions, GDP and GNP remain identical.

36. (A) Statement I is correct, but Statement II is incorrect.
The government recently merged the Central Statistical Office and the National Sample Survey Office to create the National Statistical

CHAPTER 21
Economic Indicators

1. Which of the following best defines "Absolute Poverty"?
(A) A condition where income is below a level necessary for basic survival.
(B) Poverty defined by comparing household income relative to average national living standards.
(C) Disparities in the distribution of financial assets and wealth within a specific demographic.
(D) A temporary loss of income and assets caused by unforeseen fluctuations in the global economy.

2. Match the poverty committees in List I with their key features in List II and select the correct answer using the codes given below:
List I: (Poverty Committee)
P. Alagh Committee
Q. Lakdawala Committee
R. Tendulkar Committee
S. Rangarajan Committee
List II: (Key Feature)
1. Shifted from calorie-based to consumption-based (MPCE) approach.
2. First to define poverty line based on nutritional requirements.
3. Used state-specific poverty lines based on CPI-AL and CPI-IW.
4. Proposed higher monthly expenditure limits for rural and urban areas.
Codes:
(A) P-2, Q-3, R-1, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-1, R-4, S-3
(D) P-4, Q-3, R-2, S-1

3. Relative poverty is primarily a measure of which of the following economic concepts?
(A) Economic inequality
(B) Minimum caloric requirement
(C) Subsistence level of living
(D) Biological needs of a family

4. Read the following statements and select the correct option:
Statement I: The Tendulkar Committee recommended the use of Mixed Reference Period (MRP) based estimates.
Statement II: The Tendulkar Committee continued the use of calorie-based poverty estimation used by previous committees.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

5. Read the following statements regarding Assertion (A) and Reason (R) and select the correct option:
Assertion (A): The Rangarajan Committee set a higher poverty line than the Tendulkar Committee.
Reason (R): The Rangarajan Committee included components for nutritious food, clothing, house rent, and conveyance.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Which of the following statements is correct regarding the "Poverty Line" in India?
(A) A fixed monetary threshold that remains uniform across every individual state in India.
(B) A concept calculated based on the maximum possible income earned by a typical household.
(C) A standard benchmark used to identify individuals who lack access to basic

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Rangarajan poverty estimates.
(C) The mean distance below the poverty line relative to that line.
(D) The time required for an individual to move above the poverty line.

83. "Frictional unemployment" is also known as:
(A) Search unemployment
(B) Demand-deficient unemployment
(C) Chronic unemployment
(D) Technical unemployment

84. Which of the following factors does the Rangarajan Committee include that the Tendulkar Committee did not specifically separate?
(A) Basic expenditures on primary and secondary education.
(B) Costs associated with essential public health services.
(C) Spending on recreational and entertainment activities.
(D) Components for nutritious food, clothing, and house rent.

85. Which of the following is true about the "Labour Force"?
(A) Includes only those individuals who are currently employed.
(B) Includes both the employed and the unemployed seeking work.
(C) Excludes any individuals who are currently looking for work.
(D) Includes the entire population living within a specific country.

86. Read the following statements and select the correct option:
Statement I: A Lorenz curve that is a straight diagonal line indicates perfect inequality.
Statement II: The Gini coefficient is the area between the Lorenz curve and the line of equality divided by the total area under the line of equality.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

87. Which of the following is a cause of "Structural Unemployment" in India?
(A) Fluctuations in the global stock market.
(B) Change in weather patterns during the monsoon.
(C) A person leaving a job to start their own business.
(D) Use of capital-intensive technology in a labor-surplus economy.

88. What does "Relative Poverty" imply?
(A) Deprivation compared to others in society.
(B) Chronic lack of daily caloric intake.
(C) Shortage of minimum clothing items.
(D) Lack of stable and permanent housing.

89. Which of the following is NOT a scheme for poverty alleviation in India?
(A) MGNREGA
(B) SEBI Guidelines
(C) Pradhan Mantri Awas Yojana
(D) Deendayal Antyodaya Yojana

90. The "Unemployment Rate" is defined as:
(A) (Unemployed / Total Population) × 100
(B) (Unemployed / Labour Force) × 100
(C) (Employed / Labour Force) × 100
(D) (Unemployed / Working Age Population) × 100

91. Read the following statements and select the correct option:
Statement I: The NFHS-5 data shows a decline in the percentage of multidimensional poverty in India.
Statement II: The decline in multidimensional poverty is uniform across all states in India.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

92. Which of the following is a "Competency-based" measure to reduce youth unemployment?
(A) Distributing free food grains to the rural

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deprivations.
Codes:
(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-3, R-2, S-4
(C) P-3, Q-2, R-1, S-4
(D) P-4, Q-1, R-2, S-3

15. Read the following statements regarding Assertion (A) and Reason (R) and select the correct option:
Assertion (A): The Kuznets Curve suggests that inequality increases during the early stages of development.
Reason (R): Technological advancements initially benefit only a small portion of the labor force.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Which of the following is an example of "Frictional Unemployment"?
(A) A farmer sitting idle during the non-harvesting season.
(B) An assembly line worker replaced by a robotic arm.
(C) A construction worker losing a job during a national recession.
(D) A software engineer quitting a job to find a better-paying one.

17. In the context of India, the "Monthly Per Capita Expenditure" (MPCE) is primarily used to:
(A) Identify the poverty line and BPL population.
(B) Calculate the Gross Domestic Product.
(C) Determine the fiscal deficit of the Union Budget.
(D) Measure the foreign exchange reserves.

18. Consider the following statements regarding the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA):
1. It guarantees 100 days of wage employment in a financial year.
2. At least one-third of the beneficiaries must be women.
3. It is implemented only in the most backward 100 districts of India.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

19. Which curve shows the relationship between the level of economic development and income inequality?
(A) Kuznets Curve
(B) Laffer Curve
(C) Phillips Curve
(D) Engel Curve

20. Read the following statements regarding Assertion (A) and Reason (R) and select the correct option:
Assertion (A): Wealth inequality in India is generally higher than income inequality.
Reason (R): Wealth accumulates over generations through inheritance and asset appreciation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

21. Which organization in India is responsible for conducting the Periodic Labour Force Survey (PLFS)?
(A) NITI Aayog
(B) National Sample Survey Office
(C) Reserve Bank of India
(D) Ministry of Labour and Employment

22. Match the terms in List I with their context in List II and select the correct answer using the codes given below:
List I: (Term)
P. Oxfam Report
Q. NFHS Data
R. MGNREGA
S. PMAY
List II: (Context)
1. Poverty and Health indicators in India.
2. Rural employment guarantee.
3. Global and national inequality trends.
4. Affordable housing for the poor.
Codes:

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poverty in India?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

43. Which committee recommended that the poverty line should be based on a "basket of goods" including health and education expenditure?
(A) Tendulkar Committee
(B) Alagh Committee
(C) Kelkar Committee
(D) Kasturirangan Committee

44. Read the following statements and select the correct option:
Statement I: The Labor Force Participation Rate (LFPR) includes both employed and unemployed persons.
Statement II: The Unemployment Rate is calculated as a percentage of the total population.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

45. Which of the following is a feature of "Relative Poverty"?
(A) It remains a universal metric that does not vary across different countries.
(B) It is measured exclusively through a fixed and unchanging consumption basket.
(C) It focuses primarily on the biological survival and caloric intake of families.
(D) It shifts as the general standard of living within a society improves.

46. "Income Inequality" refers to the:
(A) Difference in the total assets owned by individuals.
(B) Variation in the prices of goods across different states.
(C) Uneven distribution of annual earnings among individuals.
(D) Lack of basic facilities like water and electricity.

47. Which of the following is NOT a type of unemployment?
(A) Frictional
(B) Absolute
(C) Structural
(D) Cyclical

48. What is the primary focus of the "Rangarajan Committee" report?
(A) Commercial bank reforms
(B) Direct tax structure
(C) Online digital payments
(D) Poverty estimation methods

49. "Underemployment" in the Indian context is most visible in:
(A) Agriculture and informal services.
(B) High-tech information technology firms.
(C) Large public sector banking institutions.
(D) Major foreign multinational corporations.

50. Arrange the following Poverty Committees in India in chronological order:
1. Lakdawala Committee
2. Tendulkar Committee
3. Rangarajan Committee
4. Alagh Committee

Which of the following represents the correct sequence?
(A) 4-1-2-3
(B) 1-4-2-3
(C) 4-2-1-3
(D) 1-2-4-3

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51. "Wealth Inequality" differs from "Income Inequality" because:
(A) Wealth refers to the stock of assets, while income refers to the flow of money.
(B) Wealth refers to the flow of money, while income refers to the stock of assets.
(C) Wealth inequality is easier to measure than income inequality.
(D) Income inequality is always higher than wealth inequality.

52. The "Multidimensional Poverty Index" was developed by which of the following?
(A) The World Bank
(B) World Economic Forum
(C) Monetary Fund
(D) OPHI and UNDP

31. Which of the following is NOT an indicator under the "Living Standards" dimension of the Global Multidimensional Poverty Index (MPI)?
(A) Physical Assets
(B) Digital Access
(C) Sanitation
(D) Electric Power

32. What does a Gini Coefficient of "1" indicate?
(A) Perfect equality
(B) Zero poverty
(C) Maximum employment
(D) Perfect inequality

33. Read the following statements and select the correct option:
Statement I: Cyclical unemployment is common in developed capitalist economies.
Statement II: Cyclical unemployment is largely absent in the Indian agricultural sector.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

34. Which of the following is a "Negative" indicator of development regarding inequality?
(A) Expanding middle class
(B) Increasing Labor Force Participation Rate
(C) Rising Gini Coefficient
(D) Flattening of the Kuznets Curve

35. Consider the following statements regarding the Pradhan Mantri Awas Yojana (PMAY):
1. It aims to provide "Housing for All."
2. It has both Urban and Gramin (Rural) components.
3. It provides only interest-free loans without any capital subsidy.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

36. The term "Working Age Population" generally refers to the age group of:
(A) 0–14 years
(B) 15–59 years
(C) 18–65 years
(D) 21–60 years

37. Which of the following is the most appropriate reason for the decline in poverty in India over the last two decades?
(A) Strict population control laws.
(B) High economic growth and targeted welfare schemes.
(C) Decrease in the cost of luxury goods.
(D) Expansion of the informal subsistence sector.

38. "Disguised Unemployment" is also known as:
(A) Open unemployment
(B) Voluntary unemployment
(C) Hidden unemployment
(D) Structural unemployment

39. In a Lorenz Curve, what does the diagonal line represent?
(A) Line of maximum inequality
(B) Line of relative poverty
(C) Line of absolute poverty
(D) Line of perfect equality

40. Which report highlighted that the top 1% of the population in India holds a disproportionately large share of the national wealth?
(A) Oxfam "Survival of the Richest" Report
(B) World Bank Global Development Report
(C) IMF Fiscal Monitor and Outlook
(D) UNDP Global Human Development Report

41. What is "Seasonal Unemployment"?
(A) People losing jobs due to a change in technology.
(B) People remaining unemployed during certain months of the year.
(C) People with high degrees working as manual laborers.
(D) Total lack of job opportunities in an economy.

42. Consider the following factors:
1. Rapid Population Growth
2. Low Agricultural Productivity
3. Lack of Quality Education
Which of the above are considered causes of

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(D) Disguised

64. Read the following statements and select the correct option:
Statement I: Absolute poverty is more relevant for developing countries like India.
Statement II: Relative poverty is more relevant for developed countries like the USA.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

65. Which of the following is NOT a reason for high income inequality in India?
(A) High progressive taxation on the poor.
(B) Unequal distribution of land and assets.
(C) Lack of access to quality education for the poor.
(D) Wage gap between organized and unorganized sectors.

66. What does the "Labour Force Participation Rate" (LFPR) indicate?
(A) Total percentage of individuals who are currently employed in any sector.
(B) Absolute count of individuals registered at national employment exchanges.
(C) Percentage of the working-age population either employed or seeking work.
(D) Percentage of the national population that resides above the poverty line.

67. The "Mixed Reference Period" (MRP) used by the Tendulkar Committee measures consumption over:
(A) 7-day recall
(B) 30-day window
(C) 365-day window
(D) Mixed duration (30 and 365 days)

68. According to the Kuznets hypothesis, what happens to inequality in the long run as an economy continues to develop?
(A) It keeps increasing indefinitely.
(B) It stays constant.
(C) It begins to decrease.
(D) It drops to zero immediately.

69. Which of the following is a "Negative" consequence of disguised unemployment?
(A) High productivity per worker.
(B) Low per capita income and wastage of labor.
(C) Efficient use of human resources.
(D) High wages for agricultural laborers.

70. Read the following statements and select the correct option:
Statement I: Seasonal unemployment in India is mostly found in urban industrial areas.
Statement II: Seasonal unemployment is linked to the nature of certain industries like sugar and tourism.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

71. Which of the following is the most suitable description of the "Poverty Line" in India?
(A) An income level based on the average earnings of the top 10% of society.
(B) The minimum legal wage set by government for industrial and factory workers.
(C) The total amount of currency required to purchase housing in an urban area.
(D) Minimum consumption expenditure needed to meet basic necessities.

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72. "Youth Unemployment" is particularly high among those with:
(A) Higher education graduates lacking marketable skills.
(B) Individuals with no formal primary school education.
(C) Workers with extensive and diverse work experience.
(D) Households with ownership of rural agricultural land.

73. The "Monthly Per Capita Expenditure" (MPCE) is calculated by dividing:
(A) Total household expenditure by the number of months in a year.

53. Which of the following is an effect of "Cyclical Unemployment"?
(A) Increase in the skill gap among youth.
(B) Decrease in consumer demand during an economic downturn.
(C) Permanent shift of labor to the agricultural sector.
(D) Sudden improvement in the technology of production.

54. Read the following statements and select the correct option:
Statement I: The Gini Coefficient is derived from the Lorenz Curve.
Statement II: A Gini Coefficient of 0.5 represents more inequality than a coefficient of 0.3.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

55. In India, "BPL" (Below Poverty Line) status is traditionally used to:
(A) Calculate the precise income tax liability of every private citizen.
(B) Estimate the total number of ultra-wealthy billionaires in the nation.
(C) Determine the interest rates for large corporate and business loans.
(D) Identify those eligible for government food and welfare programs.

56. Which of the following would likely decrease the "Frictional Unemployment" in an economy?
(A) Better job-matching websites and information flow.
(B) A severe economic depression.
(C) Introduction of new automation technology.
(D) Increase in the minimum age for employment.

57. The "Head Count Ratio" (HCR) is a commonly used measure for:
(A) Inflation
(B) Poverty
(C) Literacy
(D) Mortality

58. Which of the following is an indicator for "Education" in the Global Multidimensional Poverty Index (MPI)?
(A) Adult literacy rate
(B) Years of schooling
(C) Enrollment in higher education
(D) Spending on textbooks

59. If the Lorenz Curve coincides with the line of perfect equality, the Gini Coefficient will be:
(A) 0
(B) 0.5
(C) 1
(D) Infinity

60. Consider the following dimensions of the Multidimensional Poverty Index (MPI):
1. Health
2. Education
3. Living Standards
Which of the following describes their assigned weights in the standard Global MPI?
(A) 1, 2, and 3 have equal weights (1/3 each)
(B) Health has more weight than Education
(C) Living Standards has more weight than Health
(D) Education has more weight than Living Standards

61. "Disguised unemployment" is most likely to be found in which sector?
(A) Information Technology
(B) Civil Aviation
(C) Financial Services
(D) Agriculture

62. In which year was the Periodic Labour Force Survey (PLFS) launched by the National Sample Survey Office (NSSO) to provide more frequent checks of the labor market?
(A) 2010
(B) 2014
(C) 2017
(D) 2021

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63. Which type of unemployment is caused by the time taken by workers to move from one job to another?
(A) Structural
(B) Frictional
(C) Cyclical

necessities.

(D) A fiscal indicator calculated annually by the specialists at the Reserve Bank of India.

7. Which indicator is used by the Multidimensional Poverty Index (MPI) to measure the "Living Standards" dimension?
(A) Child mortality
(B) School attendance
(C) Years of schooling
(D) Cooking fuel

8. Match the unemployment types in List I with their definitions in List II and select the correct answer using the codes given below:
List I: (Unemployment Type)
P. Structural Unemployment
Q. Frictional Unemployment
R. Cyclical Unemployment
S. Seasonal Unemployment
List II: (Definition)
1. Occurs during the time period between changing jobs.
2. Results from a mismatch between worker skills and market needs.
3. Linked to the fluctuations in the business cycle.
4. Arises due to lack of work during certain parts of the year.
Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

9. Which of the following is NOT a dimension of the Global Multidimensional Poverty Index?
(A) Public Health
(B) National Income
(C) Quality Education
(D) Living Standards

10. Read the following statements regarding Assertion (A) and Reason (R) and select the correct option:
Assertion (A): Disguised unemployment is a prominent feature of the Indian agricultural sector.
Reason (R): The marginal productivity of labor in disguised unemployment is zero or near zero.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

11. What does the Gini Coefficient measure in an economy?
(A) The level of income or wealth inequality.
(B) The rate of inflation over a decade.
(C) The percentage of people below the poverty line.
(D) The total production of goods and services.

12. Consider the following statements regarding the Lorenz Curve:
1. It is a graphical representation of wealth or income distribution.
2. The closer the curve is to the line of perfect equality, the higher the inequality.
3. A 45-degree line represents perfect income equality.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

13. If a person is working but their contribution to the total output is negligible, it is termed as:
(A) Seasonal unemployment
(B) Frictional unemployment
(C) Structural unemployment
(D) Disguised unemployment

14. Match the economic concepts in List I with their descriptions in List II and select the correct answer using the codes given below:
List I: (Concept)
P. BPL
Q. MPCE
R. LFPR
S. MPI
List II: (Description)
1. Average spending of an individual on consumption per month.
2. Percentage of the population either working or seeking work.
3. Economic status of households living below the poverty threshold.
4. Measure of poverty reflecting multiple

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(B) Total household expenditure by the number of household members.
(C) Total national income by the total population.
(D) Total government spending by the number of BPL families.

74. Which of the following is an example of "Structural Unemployment"?
(A) A professional worker leaving a current job to find a superior one.
(B) A typist losing work due to the widespread adoption of computers.
(C) A service waiter losing a job during a temporary economic slowdown.
(D) An ice-cream vendor having no source of work during the winter months.

75. What is the most effective way to reduce "Disguised Unemployment" in the long term?
(A) Shifting surplus labor from agriculture to manufacturing and services.
(B) Increasing the total number of people working on a single plot of land.
(C) Reducing the use of advanced machinery in various agricultural tasks.
(D) Increasing the market price of all essential agricultural commodities.

76. Read the following statements and select the correct option:
Statement I: The Gini Coefficient is a ratio of areas on the Lorenz Curve diagram.
Statement II: If the Gini Coefficient is 1, it means one person has all the income.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

77. Which of the following is a characteristic of "Absolute Poverty"?
(A) A relative measure based on a direct comparison with the wealthy.
(B) A financial state that can be eliminated by equalizing all incomes.
(C) A specific form of deprivation that only exists in developed nations.
(D) A constant metric based on universal needs for biological survival.

78. Which of the following best describes the "Underemployed"?
(A) People who are not willing to work.
(B) People who are below 15 years of age.
(C) People who are overqualified for the job they are doing.
(D) People who are working in the government sector.

79. Which indicator is part of the "Health" dimension in the Multidimensional Poverty Index?
(A) School attendance
(B) Nutrition
(C) Floor area of the house
(D) Access to electricity

80. According to the Oxfam Report 2022, what was the observed effect of the COVID-19 pandemic?
(A) Significantly reduced the level of income inequality globally.
(B) Had no measurable impact on the total wealth of billionaires.
(C) Successfully eliminated all forms of absolute poverty in India.
(D) Widened the gap between the rich and poor in India.

81. Read the following statements and select the correct option:
Statement I: The poverty line in India is higher for urban areas than for rural areas.
Statement II: The cost of living is generally higher in urban areas compared to rural areas.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

82. What is the "Poverty Gap"?
(A) The observed difference between the rich and poor in a country.
(B) The gap between the Tendulkar and

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(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-2, R-1, S-4
(D) P-4, Q-3, R-2, S-1

23. Which of the following is a direct cause of "Structural Unemployment"?
(A) General decline in the demand for goods and services.
(B) Seasonal nature of the tourism industry.
(C) Workers voluntarily leaving jobs for higher education.
(D) Rapid changes in technology requiring new skill sets.

24. What is the value of the Gini Coefficient in a situation of "Perfect Equality"?
(A) -1
(B) 0
(C) 0.5
(D) 1

25. Read the following statements regarding Assertion (A) and Reason (R) and select the correct option:
Assertion (A): High youth unemployment is a major challenge for India's "Demographic Dividend."
Reason (R): There is a significant gap between the academic curriculum and industry requirements.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

26. Which state in India has consistently shown one of the highest poverty ratios in recent institutional assessments?
(A) Kerala
(B) Bihar
(C) Tamil Nadu
(D) Punjab

27. Consider the following statements regarding the Multidimensional Poverty Index (MPI) 2023:
1. It uses ten indicators grouped under three dimensions.
2. Nutrition and Child Mortality are indicators under the Health dimension.
3. India has seen a significant increase in the number of multidimensional poor since 2015.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

28. Underemployment occurs when a person is:
(A) Currently out of the labor force and not actively seeking any employment.
(B) Incapable of securing stable employment due to a severe national recession.
(C) Working in a capacity that fails to utilize their full skills or time.
(D) Formally retired from all types of active economic and social service.

29. The "Poverty Trap" refers to a situation where:
(A) An economic scenario where increasing individual income results in higher taxes.
(B) A policy failure where governments overspend on various poverty relief programs.
(C) A market condition where inflation erodes the net purchasing power of the people.
(D) A situation where individuals cannot escape poverty due to lacking capital.

30. Match the poverty measurement concepts in List I with their indicators in List II and select the correct answer using the codes given below:
List I: (Poverty measurement)
P. Absolute Poverty
Q. Relative Poverty
R. Multidimensional Poverty
S. BPL Status
List II: (Indicator)
1. Comparison with societal standards.
2. Deprivation in basic services.
3. Minimum subsistence threshold.
4. Household asset and income surveys.
Codes:
(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-1, S-4
(D) P-3, Q-2, R-4, S-1

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population.
(B) Increasing the total number of national public holidays.
(C) Providing skill development and vocational training.
(D) Reducing the mandatory retirement age for public workers.

93. What is the primary reason for "Disguised Unemployment" in Indian agriculture?
(A) Significant lack of modern irrigation facilities in rural areas.
(B) The widespread use of modern tractors and harvesting equipment.
(C) Prevalence of high wages throughout the Indian agricultural sector.
(D) High dependence on farming due to a lack of other jobs.

94. Which of the following pairs is correctly matched?
(A) Gini Coefficient — Inflation
(B) Lorenz Curve — Income Inequality
(C) Kuznets Curve — Tax rates
(D) Phillips Curve — Poverty

95. Read the following statements and select the correct option:
Statement I: Absolute poverty can be measured by the "Head Count Ratio."
Statement II: Relative poverty is often measured by comparing the income of the bottom 20% with the top 20%.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

96. Which of the following is NOT an indicator of the "Living Standards" dimension in the Multidimensional Poverty Index (MPI)?
(A) Housing
(B) Sanitation
(C) Drinking Water
(D) Child Mortality

97. In India, "Seasonal Unemployment" is most common in which of the following sectors?
(A) Agriculture
(B) Banking
(C) Software Development
(D) Education

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98. Which concept is used to describe the situation where the marginal productivity of an additional worker is zero?
(A) Underemployment
(B) Frictional Unemployment
(C) Disguised Unemployment
(D) Structural Unemployment

99. Read the following statements and select the correct option:
Statement I: The Rangarajan Committee poverty line was based on a normative level of adequate nutrition.
Statement II: The Tendulkar Committee used the same poverty line for both rural and urban areas.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

100. The "World Inequality Report" is released by which organization?
(A) World Bank
(B) IMF
(C) NITI Aayog
(D) World Inequality Lab

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industries to find employment in a changing economic landscape.

75. (A) Shifting surplus labor from agriculture to manufacturing and services.
The most effective long-term solution for reducing disguised unemployment is shifting surplus labor from agriculture to the manufacturing and services sectors. By creating more jobs in higher-productivity industries, workers who are currently underutilized in farming can move to roles where their marginal productivity is positive, leading to higher overall economic output and improved individual incomes.

76. (A) Both Statement I and Statement II are correct.
The Gini coefficient is a quantitative measure derived from the area between the Lorenz Curve and the line of perfect equality. A coefficient of one represents a state of perfect inequality, where a single individual holds all the income. These concepts together provide a comprehensive framework for analyzing and visualizing the distribution of wealth and income.

77. (D) A constant metric based on universal needs for biological survival.
Absolute poverty is characterized by being a constant metric based on universal needs for biological survival. It does not fluctuate based on the wealth of others in society but rather focuses on a fixed threshold of income or consumption required to obtain basic necessities like food and water. This makes it a useful standard for comparing poverty across nations.

78. (C) People who are overqualified for the job they are doing.
Underemployed individuals are those who are working in a capacity that fails to utilize their full skills, qualifications, or time. This includes people who are overqualified for their current jobs or those who are working part-time but would prefer full-time employment. It represents a significant loss of potential economic output and reflects inefficiencies within the labor market.

79. (B) Nutrition
Nutrition is a core indicator within the health dimension of the Multidimensional Poverty Index. It assesses whether any member of the household is undernourished. This indicator, along with child mortality, provides a direct measure of physical well-being and health deprivation, which are essential components of the overall assessment of multidimensional poverty in a population.

80. (D) Widened the gap between the rich and poor in India.
The Oxfam Report 2022 noted that the COVID-19 pandemic worsened income inequality in India. While many people lost their livelihoods and fell into poverty, the wealth of the richest individuals continued to grow. This widened the gap between the rich and the poor, highlighting the unequal impact of global crises on different segments of the population.

81. (A) Both Statement I and Statement II are correct.
In India, the poverty line is set higher for urban areas than for rural areas. This is because the cost of living, including prices for essential goods and services like housing and transportation, is generally higher in cities. These differential lines ensure that the poverty estimates reflect the actual purchasing power required to meet basic needs in different environments.

82. (C) The mean distance below the poverty line relative to that line.
The poverty gap measures the intensity of poverty by calculating the mean distance by which the poor fall below the poverty line. It is expressed as a percentage of the poverty line itself. Unlike the head count ratio, which just counts the number of poor, the poverty gap provides information about how far below the threshold people are living.

83. (A) Search unemployment
Frictional unemployment is frequently called search unemployment because it describes the period when workers are searching for a job that matches their skills and preferences. This type of unemployment is inherent in any economy where workers have the freedom to change jobs and where employers are constantly looking for the best talent to fill positions.

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9. (B) National Income
The Global Multidimensional Poverty Index evaluates poverty through three core dimensions: health, education, and living standards. These dimensions capture deprivations beyond simple income levels. While national income is a macroeconomic indicator, it is not a direct component of the MPI, which focuses on individual and household-level indicators like nutrition and schooling.

10. (A) Both A and R are true and R is the correct explanation of A.
Disguised unemployment is a common phenomenon in the Indian agricultural sector where more people are employed than required. In this situation, the marginal productivity of additional workers is zero or near zero. Removing these workers would not decrease total output, indicating that labor resources are being used inefficiently despite appearing to be employed.

11. (A) The level of income or wealth inequality.
The Gini coefficient is a statistical measure used to represent income or wealth inequality within an economy. It ranges from zero to one, where zero signifies perfect equality and one represents perfect inequality. This metric allows for a quick comparison of wealth distribution across different countries or different time periods for a single nation.

12. (C) 1 and 3 only
The Lorenz Curve provides a visual representation of how income or wealth is distributed among a population. A 45-degree diagonal line represents perfect equality, where every percentile of the population earns an equal share of income. The closer the curve stays to this line, the more equitable the distribution of resources within that society.

13. (D) Disguised unemployment
Disguised unemployment occurs when individuals are engaged in work, but their actual contribution to the total production is insignificant. This is frequently seen in family-run farms where too many members work on a small plot of land. Their marginal productivity is zero because the total output remains unchanged even if some workers are removed.

14. (A) P-3, Q-1, R-2, S-4
Several concepts are vital for understanding poverty and labor. The poverty line distinguishes households living below a minimum threshold. Monthly per capita expenditure tracks average individual spending. The labor force participation rate measures the share of the population working or seeking work. The multidimensional poverty index captures various deprivations affecting people simultaneously across different sectors.

15. (A) Both A and R are true and R is the correct explanation of A.
The Kuznets Curve hypothesizes that as a country develops, income inequality first increases and then decreases. This occurs because technological advancements and industrialization initially benefit only a small, skilled portion of the labor force. Over time, as more people gain skills and participate in the modern economy, wealth distribution becomes more equitable across the population.

16. (D) A software engineer quitting a job to find a better-paying one.
Frictional unemployment is a temporary condition occurring when workers are in the process of moving from one job to another. This is often voluntary and reflects a healthy labor market where individuals seek better opportunities, higher pay, or more suitable working conditions. Examples include a professional quitting their current position to look for a superior role.

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17. (A) Identify the poverty line and BPL population.
Monthly Per Capita Expenditure is a primary tool for identifying the poverty line and the population living below it in India. It calculates the average spending of a household member on essential goods and services. This data allows the government to assess living standards and target social welfare schemes effectively to those in need.

18. (A) 1 and 2 only
The Mahatma Gandhi National Rural Employment Guarantee Act provides a legal guarantee for at least one hundred days of wage employment per financial year. It focuses on rural households to ensure livelihood security. The act also mandates that women must constitute at

economic growth combined with targeted welfare schemes. Growth creates jobs and increases income, while specific programs like food subsidies, direct benefit transfers, and employment guarantees ensure that the benefits of growth reach the most vulnerable and marginalized sections of society.

38. (C) Hidden unemployment
Disguised unemployment is frequently referred to as hidden unemployment because the affected individuals appear to be working. They are engaged in activities, but their removal would not impact the total output of the sector. This phenomenon masks the true extent of labor surplus, particularly in rural areas where family members work together on small agricultural plots.

39. (D) Line of perfect equality
On a Lorenz Curve diagram, the diagonal line represents perfect equality. Along this line, every cumulative percentage of the population receives the exact same cumulative percentage of total income. Any deviation of the actual Lorenz Curve away from this diagonal line indicates the presence and extent of income or wealth inequality within that population.

40. (A) Oxfam "Survival of the Richest" Report
The Oxfam "Survival of the Richest" report highlighted the extreme concentration of wealth in India. It pointed out that the top one percent of the population holds a disproportionately large share of the national wealth compared to the bottom majority. Such reports underscore the growing disparities and the need for policies that promote more inclusive economic development.

41. (B) People remaining unemployed during certain months of the year.
Seasonal unemployment occurs when people are unable to find work during certain months of the year due to the nature of their industry. This is highly prevalent in agriculture, where labor demand peaks during sowing and harvesting but drops significantly during the off-season. It is also common in tourism and certain manufacturing industries like sugar production.

42. (D) 1, 2 and 3
Poverty in India is driven by multiple interrelated factors. Rapid population growth puts pressure on limited resources and infrastructure. Low agricultural productivity limits the income of the rural majority. Additionally, a lack of quality education prevents people from acquiring the skills necessary for high-paying jobs in the modern economy, trapping them in low-productivity sectors.

43. (A) Tendulkar Committee
The Tendulkar Committee significantly changed India's poverty measurement by moving beyond caloric intake. It proposed a new basket of goods and services that included essential expenditures on health and education alongside food. This approach recognized that a subsistence level of living in modern times must account for services that are vital for human capital development.

44. (C) Statement I is correct but Statement II is incorrect.
The Labor Force Participation Rate measures the percentage of the working-age population that is either employed or actively seeking work. In contrast, the unemployment rate is calculated specifically as a percentage of the labor force, not the total population. This distinction is crucial for accurately assessing the health and dynamics of the national labor market.

45. (D) It shifts as the general standard of living within a society improves.
Relative poverty is a dynamic measure that changes as the general standard of living in a society improves. It is defined by comparing an individual's income or consumption to the average levels within their community. As society becomes wealthier, the threshold for relative poverty rises, reflecting the evolving expectations for social participation and economic security.

46. (C) Uneven distribution of annual earnings among individuals.
Income inequality refers specifically to the uneven distribution of annual earnings or income among individuals within a population. It measures how much of the total national income is earned by different groups, such as the top ten percent versus the bottom fifty percent. High

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reducing the total number of multidimensional poor, many individuals still face deprivations in specific indicators like sanitation and fuel.

28. (C) Working in a capacity that fails to utilize their full skills or time.
Underemployment describes a situation where individuals are working but are not utilizing their full potential, skills, or available time. This often includes professionals working in low-skilled jobs or people who desire full-time work but can only find part-time positions. It reflects an inefficient use of human capital within the labor market and limits economic output.

29. (D) A situation where individuals cannot escape poverty due to lacking capital.
The poverty trap is an economic mechanism that makes it very difficult for people to escape poverty once they are in it. It occurs when individuals lack the necessary capital, education, or health to improve their productivity. This lack of resources creates a self-reinforcing cycle where low income leads to low investment, perpetuating poverty across generations.

30. (A) P-3, Q-1, R-2, S-4
Poverty measurement relies on different indicators depending on the specific concept being assessed. Absolute poverty is measured against a minimum subsistence threshold. Relative poverty compares individuals with societal standards. Multidimensional poverty evaluates deprivations in various services. BPL status is determined through detailed household surveys assessing assets and income levels to identify welfare beneficiaries.

31. (B) Digital Access
The living standards dimension of the Global Multidimensional Poverty Index includes several indicators such as sanitation, housing, and access to electricity. These reflect basic infrastructure needs for a decent life. Digital access, while increasingly important for modern development, is not currently a standard indicator used in the MPI to define multidimensional deprivation in living conditions.

32. (D) Perfect inequality
A Gini coefficient of one signifies a state of perfect inequality. In this hypothetical scenario, a single individual in a population would hold all the income or wealth, while everyone else has nothing. This represents the extreme opposite of perfect equality and serves as a theoretical upper bound for measuring disparities in resource distribution.

33. (A) Both Statement I and Statement II are correct.
Cyclical unemployment is directly related to the ups and downs of the business cycle. It is prevalent in developed capitalist economies during recessions when consumer demand falls. In India, this form of unemployment is largely absent in the agricultural sector because farming activities are governed more by seasonal factors and monsoon cycles rather than industrial business cycles.

34. (C) Rising Gini Coefficient
A rising Gini coefficient is considered a negative indicator of development because it signifies increasing income or wealth inequality. As the coefficient grows closer to one, the gap between the rich and the poor widens. This can lead to social unrest and hinder sustainable economic growth by limiting opportunities for the majority of the population.

35. (A) 1 and 2 only
The Pradhan Mantri Awas Yojana is a major initiative aimed at providing housing for all eligible citizens. It includes both urban and rural components to address diverse needs. The scheme provides financial assistance and interest subsidies on housing loans to make home ownership affordable, rather than just offering interest-free loans without any capital support.

36. (B) 15–59 years
The working-age population generally refers to individuals between the ages of 15 and 59. This group is considered economically active and capable of participating in the labor force. Monitoring the size and health of this demographic is essential for economic planning, as it represents the potential productive capacity of a nation's human resources.

37. (B) High economic growth and targeted welfare schemes.
The significant decline in poverty in India over recent decades is attributed to sustained high

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56. (A) Better job-matching websites and information flow.
Frictional unemployment can be reduced by improving the efficiency of the job market. Better job-matching platforms, enhanced information flow between employers and seekers, and more effective recruitment services help workers find suitable roles more quickly. These measures reduce the time spent in transition between jobs, thereby lowering the overall level of frictional unemployment in the economy.

57. (B) Poverty
The Head Count Ratio is the most common measure used to estimate poverty. It calculates the proportion of the population whose income or consumption expenditure falls below the official poverty line. This simple percentage provides a clear picture of the prevalence of poverty within a country and allows for easy tracking of progress over time.

58. (B) Years of schooling
In the Global Multidimensional Poverty Index, the education dimension is measured using two key indicators: years of schooling and school attendance. "Years of schooling" tracks whether any household member has completed at least six years of education. These indicators help identify deprivations in basic educational attainment and access, which are critical for long-term human development.

59. (A) 0
If the Lorenz Curve coincides exactly with the line of perfect equality, the area between them becomes zero. Consequently, the Gini coefficient, which is calculated based on this area, also becomes zero. This represents a theoretical state where every individual in the population possesses an identical share of the total income or wealth being measured.

60. (A) 1, 2, and 3 have equal weights (1/3 each)
The Global Multidimensional Poverty Index assigns equal weights to its three main dimensions: health, education, and living standards. Each dimension contributes one-third to the overall index. Within these dimensions, individual indicators are also weighted equally, ensuring that each aspect of deprivation is given significant importance in determining the overall poverty status of a household.

61. (D) Agriculture
Disguised unemployment is most prevalent in the agricultural sector, particularly in developing economies like India. It occurs when more people are working on a piece of land than is necessary for optimal production. Due to the lack of alternative employment opportunities, family members continue to work on the farm, even though their marginal contribution is zero.

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62. (C) 2017
The Periodic Labour Force Survey was launched by the National Sample Survey Office in 2017. Its primary goal is to provide more frequent and timely data on employment and unemployment indicators. Unlike earlier quinquennial surveys, the PLFS provides annual reports for rural and urban areas, helping the government monitor labor market dynamics more effectively throughout the year.

63. (B) Frictional
Frictional unemployment is caused by the inevitable time lag that occurs when workers transition between jobs. It includes people who are entering the workforce for the first time or those who have left a job to search for a better one. This type of unemployment is generally short-term and is considered a natural feature of a dynamic labor market.

64. (A) Both Statement I and Statement II are correct.
Absolute poverty is a critical measure for developing countries as it focuses on the lack of basic survival needs. In contrast, relative poverty is more relevant in developed nations, where the focus shifts toward social exclusion and the gap between the poor and the average standard of living. Both measures provide important but different perspectives on economic well-being.

65. (A) High progressive taxation on the poor.
High progressive taxation on the poor is not a reason for income inequality; in fact, progressive taxation usually involves taxing the rich at higher rates to redistribute wealth. In India, inequality is driven by the unequal distribution of assets, limited access to quality education for

levels of income inequality can lead to reduced social mobility and economic instability.

47. (B) Absolute
While frictional, structural, and cyclical are well-recognized types of unemployment, "absolute" is not a standard category used in economic theory. Unemployment types are usually defined by their causes, such as market transitions, technological changes, or economic downturns. Absolute typically refers to poverty levels rather than the specific nature of joblessness in a labor market.

48. (D) Poverty estimation methods
The Rangarajan Committee was primarily tasked with reviewing the methodology for poverty estimation in India. Its report focused on refining the poverty line by considering a more comprehensive set of requirements, including nutrition, clothing, and housing. The committee aimed to provide a more accurate and updated reflection of the cost of living for the poor.

49. (A) Agriculture and informal services.
In India, underemployment is most visible in the agricultural sector and informal services. Many workers are engaged in tasks that do not utilize their full skills or provide enough working hours. This often results from a lack of formal job opportunities, forcing individuals into low-productivity roles where their potential contribution to the economy remains significantly underutilized.

50. (A) 4-1-2-3
The evolution of poverty estimation in India followed a specific timeline of expert committees. The Alagh Committee began the process in the late 1970s, followed by the Lakdawala Committee in the 1990s. The Tendulkar Committee submitted its influential report in 2009, and the Rangarajan Committee provided a further refined methodology in 2014 to address various criticisms.

51. (A) Wealth refers to the stock of assets, while income refers to the flow of money.
Wealth and income are distinct economic concepts. Wealth refers to the total stock of assets owned at a point in time, including property, savings, and investments. Income is the flow of money received over a period, such as wages or interest. Inequality in wealth is usually much more pronounced than income inequality due to asset accumulation.

52. (D) OPHI and UNDP
The Multidimensional Poverty Index was developed by the Oxford Poverty and Human Development Initiative in collaboration with the United Nations Development Programme. This index provides a comprehensive measure of poverty by looking at various deprivations that people experience simultaneously. It has been used in Human Development Reports to complement traditional income-based poverty measures since 2010.

53. (B) Decrease in consumer demand during an economic downturn.
Cyclical unemployment is a direct consequence of an economic downturn or recession. During these periods, total demand for goods and services in the economy falls. As a result, businesses reduce production and lay off workers. This type of unemployment fluctuates with the business cycle, increasing during contractions and decreasing during periods of economic expansion.

54. (A) Both Statement I and Statement II are correct.
The Gini coefficient is mathematically derived from the Lorenz Curve by comparing the area between the curve and the line of equality to the total area. A higher Gini coefficient value indicates a greater degree of inequality. For example, a coefficient of 0.5 signifies a more unequal distribution of resources than a coefficient of 0.3.

55. (D) Identify those eligible for government food and welfare programs.
Below Poverty Line status is an administrative classification used by the Indian government to identify households that require specific social assistance. Individuals and families with this status are eligible for various welfare programs, such as subsidized food through the public distribution system and healthcare benefits. It helps ensure that limited public resources are targeted toward those most in need.

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ANSWERS

1. (A) A condition where income is below a level necessary for basic survival.
Absolute poverty describes a condition where individuals lack the financial resources to meet minimum requirements for basic human needs. This includes essential items like food, clean water, sanitation, clothing, and shelter. Unlike relative measures, this standard remains consistent over time and across different countries, focusing purely on biological survival thresholds.

2. (A) P-2, Q-3, R-1, S-4
Poverty estimation in India has evolved through several expert groups. The Alagh Committee established nutrition-based lines, while the Lakdawala Committee introduced state-specific consumer price indices. The Tendulkar Committee moved toward consumption-based models including health and education. Finally, the Rangarajan Committee refined these estimates by proposing higher expenditure limits for both rural and urban populations.

3. (A) Economic inequality
Relative poverty serves as a measure of economic inequality within a specific society. It defines poverty in relation to the overall distribution of income or consumption. This concept highlights the gap between the poorest sections and the average living standards of the population, reflecting social exclusion and the disparities in wealth distribution.

4. (C) Statement I is correct but Statement II is incorrect.
The Tendulkar Committee significantly revised India's poverty estimation methodology. It shifted away from a calorie-consumption model which had been used previously. The committee recommended adopting the Mixed Reference Period, which tracks expenditure on various items over different timeframes, such as thirty days or one year, to provide a more accurate reflection of consumption patterns.

5. (A) Both A and R are true and R is the correct explanation of A.
The Rangarajan Committee proposed a higher poverty line compared to the previous Tendulkar estimates. This increase was primarily due to a more comprehensive definition of basic needs. The committee accounted for essential expenditures on nutritious food, clothing, house rent, and conveyance, acknowledging that poverty involves more than just minimal caloric intake for survival.

6. (C) A standard benchmark used to identify individuals who lack access to basic necessities.
The poverty line functions as a critical benchmark used by governments to identify individuals lacking access to basic necessities. It represents the minimum level of income or consumption expenditure required to maintain a subsistence standard of living. This indicator helps policymakers target welfare programs and monitor economic progress regarding the well-being of vulnerable populations.

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7. (D) Cooking fuel
The Multidimensional Poverty Index assesses poverty through various indicators across health, education, and living standards. Within the living standards dimension, cooking fuel is a key indicator. It reflects whether a household has access to clean energy sources, which is essential for health and environmental quality, rather than relying on traditional solid fuels.

8. (B) P-2, Q-1, R-3, S-4
Unemployment is categorized into several distinct types based on their underlying causes. Structural unemployment arises from shifts in the economy that cause a mismatch between worker skills and market needs. Frictional unemployment occurs during transitions between jobs. Cyclical unemployment follows business cycles, while seasonal unemployment appears during specific periods of the year when labor demand drops.

the marginalized, and the significant wage gap between formal and informal labor sectors.

66. (C) Percentage of the working-age population either employed or seeking work.
The Labor Force Participation Rate indicates the percentage of the working-age population that is economically active. This includes both individuals who are currently employed and those who are unemployed but actively looking for work. It is a key indicator for understanding how much of the potential labor supply is participating in the production of goods and services.

67. (D) Mixed duration (30 and 365 days)
The Mixed Reference Period used by the Tendulkar Committee measures consumption by using different recall periods for different items. It typically uses a 365-day recall for low-frequency purchases like clothing, footwear, and durable goods, and a 30-day recall for other items like food and fuel. This method provides a more stable estimate of household consumption patterns.

68. (C) It begins to decrease.
According to the Kuznets hypothesis, income inequality initially rises during early development but eventually begins to decrease in the long run. As an economy matures and reaches higher levels of development, the benefits of growth are distributed more broadly across the population through improved education, better wages, and social welfare programs, leading to lower inequality.

69. (B) Low per capita income and wastage of labor.
A major negative consequence of disguised unemployment is low per capita income and the wastage of labor resources. Since many workers are performing tasks that could be done by fewer people, their individual productivity is extremely low. This inefficient use of human capital prevents workers from moving to more productive sectors, thereby hindering overall economic development.

70. (D) Statement I is incorrect but Statement II is correct.
Seasonal unemployment is primarily linked to industries that operate only during specific times of the year. While often associated with agriculture, it also significantly affects sectors like tourism, ice cream manufacturing, and sugar production. In these industries, labor demand is high during peak periods but drops sharply during the off-season, leaving workers temporarily without employment.

71. (D) Minimum consumption expenditure needed to meet basic necessities.
The poverty line in India is best described as the minimum consumption expenditure required to meet basic necessities such as food, clothing, and shelter. It serves as a threshold to separate those who can afford a basic standard of living from those who cannot. This line is used by the government to target welfare policies and monitor poverty levels.

72. (A) Higher education graduates lacking marketable skills.
Youth unemployment is particularly high among higher education graduates who lack marketable or practical skills. Despite having formal degrees, many young people find that their education does not align with the needs of the modern industry. This skills gap creates a situation where graduates struggle to find suitable employment, leading to high rates of joblessness among the educated.

73. (B) Total household expenditure by the number of household members.
Monthly Per Capita Expenditure is calculated by taking the total expenditure of a household over a month and dividing it by the number of members in that household. This metric provides a standardized way to compare consumption levels across households of different sizes. It is the core data used to determine if a household falls below the poverty line.

74. (B) A typist losing work due to the widespread adoption of computers.
An example of structural unemployment is a typist losing their job due to the widespread adoption of computers. This occurs because the worker's skills have become obsolete due to technological change. Unlike temporary fluctuations, structural unemployment requires workers to gain new skills or move to different

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least one-third of the beneficiaries, promoting gender inclusion and empowerment within the rural workforce.

19. (A) Kuznets Curve
The Kuznets Curve illustrates the relationship between economic growth and income inequality. It follows an inverted U-shape, suggesting that inequality rises during the early stages of industrialization as labor moves from low-productivity agriculture to higher-productivity industry. Eventually, inequality tends to decline as the benefits of growth are spread more widely through social and economic mechanisms.

20. (A) Both A and R are true and R is the correct explanation of A.
Wealth inequality in India typically exceeds income inequality because wealth represents an accumulated stock of assets over time. While income is a periodic flow, wealth can be built up through inheritance and the appreciation of assets like real estate or stocks. This accumulation allows for the concentration of resources across generations, leading to significant disparities.

21. (B) National Sample Survey Office
The National Sample Survey Office, operating under the Ministry of Statistics and Programme Implementation, is responsible for conducting the Periodic Labour Force Survey. This survey provides crucial data on employment and unemployment indicators at frequent intervals. It helps the government monitor labor market trends and formulate policies to address unemployment and labor force participation challenges.

22. (A) P-3, Q-1, R-2, S-4
Understanding economic data involves various reports and schemes. The Oxfam Report tracks global and national inequality trends. National Family Health Survey data provides insights into poverty and health indicators. MGNREGA focuses on rural employment guarantees, while the Pradhan Mantri Awas Yojana is designed to provide affordable housing for the poor across the country.

23. (D) Rapid changes in technology requiring new skill sets.
Structural unemployment is primarily caused by long-term changes in the economy, such as technological progress. When industries adopt new technologies, existing workers may lack the necessary skills to operate them. This creates a mismatch between the skills workers possess and those demanded by employers, leading to persistent unemployment despite the availability of jobs.

24. (B) 0
In a state of perfect equality, the Gini coefficient takes the value of zero. This indicates that every individual in the population has exactly the same income or wealth. Graphically, this corresponds to the Lorenz Curve coinciding perfectly with the 45-degree diagonal line, representing a distribution where resources are shared equally among all people.

25. (A) Both A and R are true and R is the correct explanation of A.
India faces a challenge in utilizing its demographic dividend due to high youth unemployment. This issue is driven by a significant gap between traditional academic curricula and modern industry requirements. Consequently, many graduates lack the practical skills needed for employment, leading to a situation where a large young population cannot contribute effectively to economic growth.

26. (B) Bihar
Bihar has consistently recorded one of the highest poverty ratios among Indian states in various institutional assessments, including the Multidimensional Poverty Index. Factors such as low industrialization, high population density, and challenges in the agricultural sector contribute to this status. Efforts to improve infrastructure and education are ongoing to address these deep-rooted economic disparities.

27. (A) 1 and 2 only
The Multidimensional Poverty Index uses ten indicators categorized into health, education, and living standards. Within the health dimension, nutrition and child mortality are critical measures. Recent reports indicate that while India has made significant strides in

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84. (D) Components for nutritious food, clothing, and house rent.
The Rangarajan Committee included specific components for nutritious food, clothing, house rent, and conveyance in its poverty estimation. While the Tendulkar Committee had moved toward a broader basket, Rangarajan's approach was more detailed in identifying these non-food essentials. This led to a higher poverty line that accounted for the modern costs of maintaining a basic standard of living.

85. (B) Includes both the employed and the unemployed seeking work.
The labor force consists of all individuals who are either currently employed or are unemployed and actively looking for work. It excludes those who are not seeking employment, such as students, retirees, or those performing unpaid domestic work. Understanding the size and composition of the labor force is vital for calculating the unemployment rate and labor participation trends.

86. (D) Statement I is incorrect but Statement II is correct.
On a Lorenz curve diagram, a straight diagonal line represents perfect equality, not inequality. The Gini coefficient is calculated as the ratio of the area between the Lorenz curve and the diagonal line to the total area under that diagonal line. Therefore, as the curve moves further from the diagonal, the Gini coefficient increases, indicating higher inequality.

87. (D) Use of capital-intensive technology in a labor-surplus economy.
In India, structural unemployment is often caused by the use of capital-intensive technology in a labor-surplus economy. As industries modernize and adopt automated processes, they require fewer workers or workers with different skills. This shift creates a mismatch between the large supply of manual labor and the specialized skills demanded by new industrial technologies, leading to joblessness.

88. (A) Deprivation compared to others in society.
Relative poverty implies a sense of deprivation when compared to others in the same society. It is not about lacking basic survival needs but rather about not having the resources to participate in the standard activities and lifestyle that are typical for that community. It reflects social inequality and the relative disadvantage of the lower-income groups.

89. (B) SEBI Guidelines
The guidelines issued by the Securities and Exchange Board of India focus on regulating the financial markets and protecting investors. They do not function as a poverty alleviation scheme. Conversely, programs like MGNREGA and Pradhan Mantri Awas Yojana are designed to provide employment and housing support to poor citizens, forming the backbone of India's social safety net.

90. (B) (Unemployed / Labour Force) × 100
The unemployment rate is defined as the number of unemployed persons divided by the total labor force, multiplied by one hundred. The labor force includes both the employed and those seeking work. This ratio provides a clear measure of the proportion of people who want to work but are unable to find a job within the active workforce.

91. (C) Statement I is correct but Statement II is incorrect.
Data from the fifth National Family Health Survey indicates a notable decline in multidimensional poverty across India. However, this progress is not uniform across all states. Some regions have experienced faster improvements in living standards and health indicators than others, highlighting the need for localized policy interventions to address the persistent disparities in poverty reduction throughout the country.

92. (C) Providing skill development and vocational training.
Providing skill development and vocational training is a competency-based strategy aimed at reducing youth unemployment. These programs focus on equipping young people with the specific technical skills required by modern industries. By bridging the gap between formal education and job market needs, these initiatives enhance employability and help individuals secure stable, productive roles in the changing economy.

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93. (D) High dependence on farming due to a lack of other jobs.
The primary reason for disguised unemployment in Indian agriculture is the high dependence on farming due to a lack of alternative job opportunities in other sectors. Because the rural population has few other ways to earn a living, many people continue to work on small, family-owned farms even when their labor does not increase the total agricultural output.

94. (B) Lorenz Curve — Income Inequality
The Lorenz Curve is a graphical tool used specifically to represent income or wealth inequality within a population. While other curves like Phillips or Kuznets relate to inflation or development, the Lorenz Curve remains the standard method for visualizing distribution. It plots the cumulative share of income against the cumulative share of the population, highlighting any disparities present.

95. (A) Both Statement I and Statement II are correct.
Absolute poverty is frequently measured using the Head Count Ratio, which tracks the percentage of people below a fixed poverty line. Relative poverty, on the other hand, is often assessed by comparing the income shares of different groups, such as the bottom twenty percent versus the top twenty percent. Both methods provide valuable insights into different aspects of economic deprivation.

96. (D) Child Mortality
Child mortality is an indicator within the health dimension of the Multidimensional Poverty Index, not the living standards dimension. Indicators for living standards include housing, sanitation, drinking water, electricity, and cooking fuel. These dimensions together help identify different types of deprivation that affect the overall quality of life for households across the globe.

97. (A) Agriculture
Seasonal unemployment is most common in the agricultural sector in India. Farming is highly dependent on natural cycles, with labor demand peaking during the busy seasons of sowing and harvesting. During the intervening months, there is very little work to be done on the fields, leaving many rural workers without a steady source of income for several months each year.

98. (C) Disguised Unemployment
Disguised unemployment is the economic concept used to describe a situation where the marginal productivity of an additional worker is zero. This means that adding or removing a worker has no effect on the total production. This is a common feature in overcrowded sectors where labor is used inefficiently because alternative employment options are not available to the workers.

99. (C) Statement I is correct but Statement II is incorrect.
The Rangarajan Committee based its poverty line on normative levels of adequate nutrition, alongside other essential expenditures. In contrast, the Tendulkar Committee did not use the same poverty line for rural and urban areas; instead, it moved toward a unified poverty line basket while still maintaining separate price-adjusted thresholds for different regions to account for cost-of-living variations.

100. (D) World Inequality Lab
The World Inequality Report is released by the World Inequality Lab to provide comprehensive data on global income and wealth distribution. Their analysis is vital for understanding how economic growth is shared among different populations. These reports highlight the extent of global inequality and inform debates on policies needed to create a more equitable and inclusive global economy.

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CHAPTER 22

Human Development Index and Healthcare Goods

1. Who among the following economists is primarily associated with the conceptualization of the Human Development Index?
(A) Amartya Sen
(B) Jagdish Bhagwati
(C) Arvind Panagariya
(D) Mahbub ul Haq

2. In which year was the first Human Development Report published by the United Nations Development Programme?
(A) 1985
(B) 1990
(C) 1995
(D) 2000

3. Which international organization is responsible for the annual publication of the Human Development Report?
(A) World Bank Group and its affiliates
(B) United Nations Development Programme
(C) International Monetary Fund and Bank
(D) World Health Organization under the UN

4. The Human Development Index (HDI) is a composite index that measures average achievement in how many basic dimensions of human development?
(A) Two
(B) Four
(C) Five
(D) Three

5. Consider the following statements regarding the components of the Human Development Index:
1. It includes Life Expectancy at birth to represent the health dimension.
2. It uses Gross Domestic Product (GDP) per capita to represent the standard of living.
3. It includes Mean Years of Schooling and Expected Years of Schooling for education.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

6. Which specific indicator is used by the UNDP to measure the health dimension of the Human Development Index?
(A) Infant Mortality Rate
(B) Maternal Mortality Ratio
(C) Life Expectancy at Birth
(D) Crude Death Rate

7. Mean Years of Schooling, a component of the education dimension in HDI, is calculated for adults of which age group?
(A) 15 years and older
(B) 18 years and older
(C) 21 years and older
(D) 25 years and older

8. What does "Expected Years of Schooling" signify in the context of the Human Development Index?
(A) Total average duration of formal education for the adult population
(B) Overall literacy rate recorded across the entire adult population
(C) Current percentage of students enrolled in tertiary-level education
(D) Number of years a child of school entrance age can expect to receive

9. Match the HDI Dimension in List-I with its corresponding Indicator in List-II and select the correct answer using the codes given below:
List I: (HDI Dimension)
P. Long and healthy life
Q. Knowledge
R. A decent standard of living

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spend their savings on healthcare.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

47. In the calculation of HDI, which of the following is used to aggregate the three dimension indices?
(A) Geometric Mean
(B) Arithmetic Mean
(C) Harmonic Mean
(D) Weighted Average

48. What is the relationship between HDI and IHDI when there is perfect equality in a country?
(A) IHDI is greater than HDI
(B) IHDI is half of HDI
(C) IHDI is equal to HDI
(D) IHDI is always zero

49. Match the Term in List-I with its Associated Organization/Person in List-II and select the correct answer using the codes given below:
List I: (Term)
P. Human Development Index
Q. Multidimensional Poverty Index
R. IHDI
S. First HDR Publication
List II: (Associated Organization/Person)
1. UNDP and OPHI
2. Mahbub ul Haq
3. 1990
4. Inequality adjustment
Codes:
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

50. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Healthcare markets often suffer from market failure.
Reason (R): Information asymmetry between doctors and patients leads to inefficient outcomes.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

51. Which of the following is true about the 'Mean Years of Schooling' indicator?
(A) It measures the expected education duration for five-year-olds
(B) It is the average education of adults aged 25 and older
(C) It focuses exclusively on primary school graduation statistics
(D) It provides a current snapshot of national adult literacy levels

52. Arrange the following in the chronological order of their introduction/first publication:
1. First Human Development Report
2. Multidimensional Poverty Index (MPI)
3. Inequality-adjusted HDI (IHDI)
(A) 1-2-3
(B) 2-1-3
(C) 3-1-2
(D) 1-3-2

53. The Inequality-adjusted Human Development Index (IHDI) was introduced in which Human Development Report?
(A) 1990
(B) 2000
(C) 2010
(D) 2020

54. India's global position in HDI is often compared with its BRICS peers. Which of the following statements is generally true?
(A) India currently maintains the highest HDI within the BRICS bloc
(B) India's index is statistically equal to South Africa's score
(C) India ranks lower in HDI than Russia and China
(D) India has consistently remained in the very high development tier

55. Match the Good Type in List-I with its Example in List-II and select the correct answer using the codes given below:
List I: (Good Type)

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17. Which index was introduced to adjust the HDI for disparities in achievements between women and men?
(A) Gender Parity Index
(B) Gender Empowerment Measure
(C) Female Achievement Index
(D) Gender Development Index

18. The Gender Inequality Index (GII) measures loss in human development due to inequality between female and male achievements in which three dimensions?
(A) Life expectancy, educational attainment, and per capita income
(B) Political participation, adult literacy, and child life expectancy
(C) Reproductive health, empowerment, and labor market participation
(D) Household nutrition, access to housing, and basic sanitation services

19. Which index accounts for the loss in human development due to internal disparities within a country's population?
(A) Multidimensional Poverty Index (MPI)
(B) Inequality-adjusted HDI (IHDI)
(C) Gender Inequality Index (GII)
(D) Planetary pressures-adjusted HDI

20. Arrange the following steps in the logical sequence of calculating the final HDI:
1. Calculating the Dimension Indices for health, education, and income.
2. Calculating the Geometric Mean of the three dimension indices.
3. Determining the minimum and maximum values (goalposts) for each indicator.

(A) 1-2-3
(B) 3-1-2
(C) 2-1-3
(D) 3-2-1

21. Which Indian state is frequently cited as the "Kerala Model" for achieving high HDI scores despite relatively lower per capita income?
(A) Kerala
(B) Tamil Nadu
(C) Punjab
(D) Gujarat

22. In the context of economic classification, how are "Healthcare Goods" generally defined?
(A) Goods that primarily provide aesthetic and luxury services
(B) Commodities traded exclusively within the secondary market
(C) Services and products designed to maintain or improve health
(D) Resources utilized specifically for large-scale industrial use

23. Which of the following is a fundamental characteristic of a "Public Good" in healthcare?
(A) Non-excludability
(B) Excludability
(C) Rivalry
(D) Profit maximization

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24. A healthcare service is considered "non-rival" if:
(A) Individuals are easily prevented from utilizing the specific service
(B) Healthcare is provided exclusively through the private market sector
(C) The price is determined by the intersection of demand and supply
(D) One person's consumption does not reduce its availability for others

25. Consider the following statements regarding Public Goods in healthcare:
1. They are non-rival in consumption.
2. They are non-excludable in nature.
3. They are typically under-provided by the private market.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

26. Which of the following is the best example of a "Public Good" in the healthcare sector?
(A) Private hospital consultation
(B) Cosmetic medical surgery
(C) National disease surveillance
(D) Over-the-counter vitamins

27. Why are private healthcare goods described as "excludable"?
(A) Services are provided to all citizens without any direct charge

(B) Goods are manufactured and distributed solely by the government
(C) Products lack any quantifiable exchange value in the open market
(D) Those who do not pay for them can be prevented from consuming them

28. Which term refers to a good that is rival and excludable, such as a specific dose of a medicine?
(A) Private Good
(B) Public Good
(C) Merit Good
(D) Club Good

29. Healthcare is often classified as a "Merit Good" because:
(A) Consumption is restricted to the highest-earning social segments
(B) Society considers it desirable and necessary regardless of income
(C) Supply depends entirely on foreign assistance and humanitarian aid
(D) Services provide individual utility without any social spillover

30. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): The government intervention is necessary in the provision of merit goods like healthcare.
Reason (R): In a free market, individuals may under-consume merit goods because they fail to realize the full long-term benefits.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which of the following healthcare services is best described as a "Toll Good" or "Club Good"?
(A) Private clinics with restricted membership
(B) Clean municipal parks for residents
(C) Nationwide mass polio immunization
(D) Regional air pollution control laws

32. Which of the following pairs is incorrectly matched?
(A) Public Good — Non-excludable
(B) Private Good — Rival
(C) Toll Good — Non-excludable
(D) Merit Good — Under-consumed in free market

33. What is "Information Asymmetry" in the healthcare market?
(A) Doctors and patients possess identical knowledge about the illness
(B) Governments withhold critical health data from the general public
(C) Insurance firms distribute medical research free of cost to users
(D) Sellers (doctors) possess more information than buyers (patients)

34. Which phenomenon occurs when an insured individual takes more risks or consumes more healthcare services because they do not bear the full cost?
(A) Adverse Selection
(B) Externalities
(C) Moral Hazard
(D) Market Equilibrium

35. Match the Market Failure Term in List-I with its Definition in List-II and select the correct answer using the codes given below:
List I: (Market Failure Term)
P. Externalities
Q. Moral Hazard
R. Adverse Selection
S. Information Asymmetry
List II: (Definition)
1. Imbalance of knowledge between parties
2. Behavior change after getting insurance
3. Impact of a transaction on a third party
4. High-risk individuals being more likely to buy insurance
Codes:
(A) P-3, Q-2, R-4, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

36. "Adverse Selection" in health insurance typically leads to which of the following outcomes?
(A) Insurance pools consisting only of healthy and low-risk clients
(B) Firms generating significant surplus profits

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from health plans
(C) Widespread reduction in premium costs for all policy holders
(D) A pool of insured persons dominated by high-risk individuals

37. A person getting vaccinated against a contagious disease provides benefits to others who are not vaccinated. This is an example of:
(A) Positive Externality
(B) Negative Externality
(C) Moral Hazard
(D) Adverse Selection

38. Why does the government play a major role in healthcare despite the existence of private hospitals?
(A) To maximize tax revenue from the sick
(B) To prevent the private sector from growing
(C) To address market failures and ensure equity
(D) Because healthcare is a purely private good

39. What is the primary objective of "Universal Health Coverage" (UHC)?
(A) Healthcare for all without financial hardship
(B) Medical coverage restricted to government employees
(C) Full privatization of the national hospital network
(D) Reducing the total enrollment in medical institutions

40. Consider the following statements regarding Universal Health Coverage:
1. It aims to provide essential health services.
2. It focuses on reducing out-of-pocket expenditure.
3. It is only applicable to developed nations.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

41. In the context of India, what is "Out-of-Pocket Expenditure" (OOPE)?
(A) Public funds allocated by the government to state-run hospitals
(B) Direct payments made by individuals at the point of service
(C) Financial subsidies granted to the nation by the World Bank
(D) Indirect taxes contributed by the population for health infrastructure

42. How does health insurance primarily help in reducing the healthcare burden on the poor?
(A) Increasing the retail cost of essential life-saving medications
(B) Reducing the density of medical professionals in rural sectors
(C) Financial protection against catastrophic health expenses
(D) Implementing policies that discourage patients from using clinics

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43. Which of the following is NOT a dimension of the Human Development Index?
(A) Health
(B) Education
(C) Living Standard
(D) Environment

44. Which indicator is used as a proxy for the 'Standard of Living' in the HDI?
(A) GNI per capita at PPP
(B) GDP Growth Rate
(C) Employment Rate
(D) Foreign Exchange Reserves

45. Consider the following statements regarding the Multidimensional Poverty Index (MPI):
1. It uses health, education, and living standards as dimensions.
2. It was developed by OPHI and UNDP.
3. It measures poverty only based on daily income of $1.90.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

46. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): High out-of-pocket expenditure can push households into poverty.
Reason (R): Lack of comprehensive health insurance coverage in India forces the poor to

S. Inequality

List II: (Indicator)

1. GNI per capita (PPP)
2. Life expectancy at birth
3. IHDI
4. Mean years of schooling

Codes:

(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

10. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:

Assertion (A): The income dimension of HDI is measured by Gross National Income (GNI) per capita rather than Gross Domestic Product (GDP) per capita.

Reason (R): GNI reflects the actual income available to the residents of a country, including net income from abroad.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

11. Why is the Gross National Income (GNI) per capita in HDI expressed in Purchasing Power Parity (PPP) terms?

(A) To adjust for the fluctuating inflation rates of the US Dollar
(B) To eliminate the complex impacts of international trade cycles
(C) To standardize mathematical data for the geometric mean calculation
(D) To account for differences in the cost of living across countries

12. Arrange the following categories in descending order based on the traditional categorization of Human Development Index (HDI) scores:

1. Medium Human Development
2. Very High Human Development
3. Low Human Development
4. High Human Development

(A) 2-4-1-3
(B) 4-2-1-3
(C) 2-1-4-3
(D) 3-1-4-2

13. The value of the Human Development Index ranges between which of the following scores?

(A) -1 to +1
(B) 0 to 1
(C) 0 to 10
(D) 1 to 100

14. Under the HDI classification, a country with a score of 0.850 would be categorized under which group?

(A) Low Human Development
(B) Medium Human Development
(C) High Human Development
(D) Very High Human Development

15. Match the Concept in List-I with its Key Feature in List-II and select the correct answer using the codes given below:

List I: (Concept)

P. HDI
Q. GDI
R. GII
S. MPI

List II: (Key Feature)

1. Measures gender gaps in achievements
2. Measures deprivation in health, education, and living standards
3. Measures average achievement in basic dimensions
4. Measures reproductive health, empowerment, and labor market

Codes:

(A) P-3, Q-1, R-4, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-4, R-2, S-1

16. Which of the following statements is INCORRECT regarding India's HDI ranking trends?

(A) India's HDI value has shown a consistent improvement since 1990.
(B) India is generally classified in the 'Medium Human Development' category.
(C) India's life expectancy at birth has decreased steadily since the 1990s.
(D) India's GNI per capita (PPP) has increased significantly over the decades.

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P. Public Good
Q. Private Good
R. Merit Good
S. Toll Good

List II: (Example)
1. Specialized surgery
2. Clean air/Disease eradication
3. Primary Education
4. Private Health Club

Codes:
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

56. Positive externalities in healthcare mean that:
(A) Private production costs exceed the total social costs of service
(B) Benefits are restricted to the specific individual paying for use
(C) Public agencies incur financial deficits while offering the good
(D) Social benefits of a service exceed its private benefits

57. When a patient undergoes unnecessary tests because their insurance covers the cost, it is an example of:
(A) Positive Externality
(B) Moral Hazard
(C) Adverse Selection
(D) Public Good

58. Which of the following is an example of a "Non-excludable" healthcare service?
(A) Private hospital room
(B) Heart transplant surgery
(C) Health awareness broadcasts
(D) Prescription antibiotics

59. A healthcare resource is "rival" if:
(A) Users cannot be technically restricted from accessing the resource
(B) Services are supplied by both government and corporate providers
(C) The resource is distributed without any associated market price
(D) Its use by one person prevents its use by another

60. Which of the following describes the "Kerala Model" of development?
(A) High social development despite moderate economic growth
(B) Industrial expansion driving rapid per capita income growth
(C) High income levels coupled with low literacy and health data
(D) Complete reliance on the private market for medical delivery

61. Which organization calculates the Multidimensional Poverty Index (MPI)?
(A) World Bank Group
(B) UNDP and OPHI
(C) UNICEF Global
(D) UNESCO Office

62. Who assisted Mahbub ul Haq in developing the Human Development Index?
(A) Milton Friedman
(B) Amartya Sen
(C) John Maynard Keynes
(D) Adam Smith

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63. If a country has an HDI score of 0.450, it falls under which category?
(A) Very High Human Development
(B) High Human Development
(C) Medium Human Development
(D) Low Human Development

64. GNI per capita in HDI is adjusted for Purchasing Power Parity (PPP) to:
(A) Artificially inflate the status of developing world economies
(B) Determine the gross aggregate domestic product of the nation
(C) Compare purchasing power across different national currencies
(D) Track the domestic inflation rate of the regional legal tender

65. Consider the following statements regarding Market Failure in healthcare:
1. It occurs due to the presence of externalities.
2. Information asymmetry is a major cause.
3. It results in an inefficient allocation of resources by the private sector.

Which of the statements given above are correct?
(A) 1 and 2 only

(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

66. The Gender Development Index (GDI) is the ratio of:
(A) Male HDI to Female HDI
(B) Female Literacy to Male Literacy
(C) Female HDI to Male HDI
(D) Female GNI to Male GNI

67. Which of the following is the highest possible score in the HDI?
(A) 0.1
(B) 1.0
(C) 10.0
(D) 100

68. Why is healthcare considered a "Merit Good"?
(A) The sector generates significant revenue for the state treasury
(B) Benefits are distributed based strictly on individual merit
(C) Healthcare possesses non-rival and non-excludable properties
(D) Individuals under-consume it if left to the private market

69. Toll goods in healthcare are characterized by:
(A) Excludability and Non-rivalry
(B) Non-excludability and Non-rivalry
(C) Non-excludability and Rivalry
(D) Excludability and Rivalry

70. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): Vaccination programs are often funded by the government.
Reason (R): Vaccinations produce significant positive externalities, which the private market fails to account for.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

71. The Multidimensional Poverty Index (MPI) complements the HDI by:
(A) Identifying household deprivations across HDI dimensions
(B) Calculating poverty based solely on per capita income data
(C) Tracking the growth of high-net-worth individuals globally
(D) Removing the health indicator to focus on educational gaps

72. "Expected Years of Schooling" is an indicator for which group of people?
(A) Adults over 25 years
(B) Children of school-entry age
(C) University graduates
(D) Working-age population

73. Which of the following differentiates a Public Good from a Private Good?
(A) Public goods are free while private goods are very costly
(B) Public goods are non-excludable and non-rival in nature
(C) Private goods are manufactured exclusively by the state
(D) Public goods do not generate any measurable social utility

74. Which of the following is INCORRECT regarding "Adverse Selection"?
(A) The phenomenon occurs before the insurance contract is signed
(B) The situation is driven by the presence of hidden information
(C) It creates a healthy mix of low-risk and high-risk individuals
(D) The process can lead to the total collapse of insurance pools

75. Match the Market Concept in List-I with its Impact in List-II and select the correct answer using the codes given below:
List I: (Market Concept)
P. Positive Externality
Q. Information Asymmetry
R. Out-of-pocket expenditure
S. Health Insurance
List II: (Impact)
1. Financial protection
2. Supplier-induced demand

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3. Under-production by market
4. Financial burden on poor

Codes:
(A) P-3, Q-2, R-4, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

76. Universal Health Coverage (UHC) focuses on which of the following?
(A) Access to quality health services
(B) Protection against financial risk
(C) Coverage for all citizens
(D) Comprehensive access to services without financial hardship

77. High Out-of-Pocket Expenditure (OOPE) in India is primarily a result of:
(A) Excessive government expenditure on the public medical sector
(B) High private sector reliance and low insurance penetration
(C) Comprehensive coverage by universal government health plans
(D) The legal classification of healthcare as a pure public good

78. The Gender Inequality Index (GII) value ranges from 0 to 1. What does a value of 0 represent?
(A) Maximum inequality
(B) Perfect gender equality
(C) High maternal mortality
(D) Low female labor participation

79. Which dimension of HDI is measured using GNI per capita?
(A) Standard of Living
(B) Health
(C) Education
(D) Gender Equity

80. "Life expectancy at birth" is defined as:
(A) The average age of individuals who died during a specific year
(B) The maximum age recorded for any individual within the country
(C) Predicted lifespan based on current mortality patterns
(D) The percentage of the population that survives past age sixty

81. Which trend has been observed in India's HDI value over the last three decades?
(A) Stagnation at 0.300
(B) Rapid decline due to economic reforms
(C) Fluctuating without any clear direction
(D) Consistent upward trend

82. Education dimension in HDI is a combination of how many indicators?
(A) One
(B) Two
(C) Three
(D) Four

83. Purchasing Power Parity (PPP) is used in HDI because:
(A) Market exchange rates remain perfectly stable over time
(B) Dollars buy different amounts of goods across nations
(C) The indicator is mandated for use by the World Bank Group
(D) It calculates the total volume of a nation's annual exports

84. A country with an HDI score of 0.750 is classified as:
(A) Low Human Development
(B) Medium Human Development
(C) High Human Development
(D) Very High Human Development

85. Consider the following statements regarding Healthcare as a Merit Good:
1. Individuals might not fully value the benefits of healthcare.
2. The government should provide it to ensure social equity.
3. It is a good that the market provides in excessive quantities.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

86. Which of the following is a classic example of "Positive Externality" in public health?
(A) Tobacco smoking in public spaces
(B) Large scale industrial pollution
(C) Mass immunization of the public

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ANSWERS

1. (D) Mahbub ul Haq
The Pakistani economist Mahbub ul Haq is credited with pioneering the Human Development Index. He aimed to shift the focus of development economics from national income accounting to people-centered policies. This shift emphasized that people are the real wealth of a nation and that development should expand their choices and well-being levels across various social sectors.

2. (B) 1990
The inaugural Human Development Report was released in 1990 by the United Nations Development Programme. This publication introduced a new way of measuring progress by combining indicators of life expectancy, educational attainment, and income. It challenged the traditional dominance of Gross Domestic Product as the primary measure of a country's overall development and success in improving human lives.

3. (B) United Nations Development Programme
The United Nations Development Programme is the global organization that manages and publishes the annual Human Development Report. It provides data and analysis on human progress across the globe to help policy makers. The report remains a vital tool for advocating human-centric development strategies that prioritize health, education, and standard of living improvements for all people globally.

4. (D) Three
The Human Development Index is constructed using three essential dimensions of human progress. These specific dimensions consist of a long and healthy life, access to knowledge, and a decent standard of living. By integrating these three facets, the index provides a more comprehensive view of development than income-based metrics, reflecting the multifaceted nature of human well-being and capability.

5. (C) 1 and 3 only
Health and education dimensions in the Human Development Index are represented by life expectancy and schooling years. However, the standard of living is measured using Gross National Income per capita rather than Gross Domestic Product. This distinction is crucial because Gross National Income accounts for the net primary income received from abroad, providing a more accurate measure of economic resources.

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6. (C) Life Expectancy at Birth
Life expectancy at birth is the specific indicator used to assess the health dimension of the Human Development Index. It represents the average number of years a newborn is expected to live if mortality patterns remain constant. This metric serves as a proxy for the overall health, nutrition, and medical conditions available to the population within a particular nation.

7. (D) 25 years and older
Mean years of schooling is a key educational indicator calculated for the population aged twenty-five years and older. This metric estimates the average number of years of education received by people during their lifetime. It provides an assessment of the current level of knowledge and skills available within the adult population, reflecting historical investments made in national education systems.

8. (D) Number of years a child of school entrance age can expect to receive
Expected years of schooling estimates the total duration of education a child entering the school system is likely to receive. It is based on current enrollment patterns across different levels of education. This indicator serves as a forward-looking measure of the knowledge dimension, capturing the potential educational attainment of the younger generation and the future capacity of the nation.

services and financial risk protection

97. Out-of-pocket expenditure (OOPE) is considered a burden because:
(A) It leads to a decline in total government tax revenue
(B) It increases the net wealth of private medical doctors
(C) It is a payment made exclusively by high-income earners
(D) It can lead to catastrophic health costs for poor families

98. Which of the following is NOT an indicator used in the Gender Inequality Index (GII)?
(A) Maternal Mortality Ratio
(B) Adolescent Birth Rate
(C) Share of parliamentary seats held by women
(D) Adult Literacy Rate

99. The "Health" dimension index in HDI is calculated using which formula?
(A) (Maximum value - Actual value) / (Maximum value - Minimum value)
(B) (Actual value - Minimum value) / (Maximum value - Minimum value)
(C) Actual value / Maximum value
(D) Minimum value / Actual value

100. In which type of healthcare good is it easy to exclude those who do not pay?
(A) Public Good
(B) Common Property Resource
(C) Global Public Good
(D) Private Good

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(D) Sale of expired medical products

87. Moral hazard in health insurance is best described as:
(A) Over-using services because the patient is fully insured
(B) High-risk individuals purchasing more insurance coverage
(C) Medical providers charging variable rates to different users
(D) Public agencies offering free medical plans to the needy

88. Which of the following is "Non-excludable" but "Rival"?
(A) Public Good
(B) Private Good
(C) Toll Good
(D) Common Pool Resource

89. Private goods in healthcare are:
(A) Non-rival and non-excludable
(B) Rival and excludable
(C) Non-rival and excludable
(D) Rival and non-excludable

90. The following question consists of two statements—Assertion (A) and Reason (R). Answer the question by selecting the appropriate option:
Assertion (A): The Kerala model of development focuses heavily on the social sector.
Reason (R): Kerala has achieved high literacy and life expectancy despite not being the richest state in India.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

91. Which index measures the deprivation in the same three dimensions as HDI but at the household level?
(A) GDI
(B) GII
(C) IHDI
(D) MPI

92. The "Knowledge" dimension in HDI is measured by:
(A) Mean and Expected years of schooling
(B) Adult literacy and basic numeracy rates
(C) Total count of universities per capita
(D) Annual spending on R&D as a share of GDP

93. Which of the following is a private good in healthcare?
(A) Communicable disease eradication
(B) Consultation with a specialist
(C) Clean air and environmental water
(D) National health awareness campaigns

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94. What is the main cause of "Information Asymmetry" in medicine?
(A) Patients possess more health knowledge than their physicians
(B) Doctors have specialized training that patients lack
(C) State agencies restrict the flow of data to medical staff
(D) Insurance firms conceal policy terms from the beneficiaries

95. Match the HDI Category in List-I with its Score Range in List-II and select the correct answer using the codes given below:
List I: (HDI Category)
P. Very High
Q. High
R. Medium
S. Low
List II: (Score Range)
1. 0.700 – 0.799
2. 0.800 and above
3. Below 0.550
4. 0.550 – 0.699
Codes:
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

96. Which of the following is a component of Universal Health Coverage?
(A) Financial risk protection
(B) Access to quality health-care services
(C) Access to safe, effective, and affordable essential medicines
(D) Comprehensive access to essential quality

9. (A) P-2, Q-4, R-1, S-3
Human development dimensions are accurately mapped to specific indicators for statistical measurement. A healthy life is measured by life expectancy, while knowledge is assessed through schooling years. The standard of living is represented by national income per capita. Additionally, internal disparities are addressed through the inequality-adjusted index, ensuring that the measurement accounts for distribution within the country's population.

10. (A) Both A and R are true and R is the correct explanation of A.
Gross National Income per capita is the preferred measure for the income dimension because it reflects the actual resources available to residents. Unlike Gross Domestic Product, which measures output within borders, Gross National Income includes income from abroad. This provides a better representation of the economic capacity available to people for achieving a decent and sustainable standard of living.

11. (D) To account for differences in the cost of living across countries
Purchasing Power Parity adjustments are applied to national income to ensure fair comparisons between different countries. Since the cost of goods and services varies globally, a dollar can buy more in some nations than in others. This adjustment standardizes the data, reflecting the real purchasing power and the actual standard of living enjoyed by the citizens in each country.

12. (A) 2-4-1-3
The Human Development Index categorizes countries into four distinct groups based on their total scores. The highest tier is very high development, followed by the high development category. Below these are the medium development group and the low development group. This ranking system allows for global comparisons and helps identify which nations require more focused developmental assistance and policy interventions.

13. (B) 0 to 1
The Human Development Index is a normalized statistical measure with a value range between zero and one. A score closer to one indicates a higher level of human development, while a score closer to zero reflects lower achievements. This scale allows for the aggregation of different indicators like health, education, and income into a single, comparable composite numerical value for all countries.

14. (D) Very High Human Development
Under the current classification system, countries with an index score of zero point eight zero zero or higher are placed in the very high human development category. A score of zero point eight five zero clearly exceeds this threshold. This group typically includes nations with high life expectancy, advanced educational systems, and substantial economic resources available per person for well-being.

15. (A) P-3, Q-1, R-4, S-2
Various indices are designed to measure different aspects of development and deprivation. The main index focuses on average achievements, while other measures assess gender gaps and specific inequalities. The multidimensional poverty index identifies household-level deprivations across health and education. Together, these tools provide a comprehensive framework for analyzing social progress and identifying specific areas that need urgent policy attention.

16. (C) India's life expectancy at birth has decreased steadily since the 1990s.
Historical data indicates that India has experienced a steady increase in its life expectancy at birth since the 1990s. While other indicators like national income and schooling years have also improved, health outcomes have generally moved in a positive direction. Claims that life expectancy has decreased are factually incorrect and contradict the observed trends in national health and development data.

17. (D) Gender Development Index
The Gender Development Index was specifically introduced to measure disparities between men and women across the same dimensions as the main Human Development Index. It calculates the ratio of the female index to the male index. This tool helps policymakers understand the extent of gender inequality in basic achievements and highlights the need for targeted interventions to empower women.

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18. (C) Reproductive health, empowerment, and labor market participation
The Gender Inequality Index captures the loss in development due to gender-based disparities. It focuses on three vital dimensions: reproductive health, empowerment through education and political seats, and economic participation in the labor market. By analyzing these areas, the index provides a detailed view of the challenges women face and the resulting impact on the overall human development of a country.

19. (B) Inequality-adjusted HDI (IHDI)
The Inequality-adjusted Human Development Index accounts for the distribution of achievements among a country's citizens. It discounts the average value of each dimension according to its level of inequality. In a perfectly equal society, this index equals the standard Human Development Index. However, as inequality rises, the value falls, reflecting the loss in human development due to internal disparities.

20. (B) 3-1-2
Calculating the final index involves a logical sequence starting with the selection of goalposts. Minimum and maximum values are determined for each indicator to normalize the data. Next, individual dimension indices for health, education, and income are computed. Finally, the geometric mean of these three indices is taken to produce the composite score, ensuring that all dimensions contribute to the result.

21. (A) Kerala
Kerala is widely recognized for achieving social development indicators comparable to developed nations despite having a lower per capita income. This "Kerala Model" emphasizes heavy public investment in healthcare, education, and social welfare programs. The state's success demonstrates that high human development is achievable through effective social policies and community participation even without reaching the highest levels of industrial wealth.

22. (C) Services and products designed to maintain or improve health
In economic terms, healthcare goods encompass a wide range of services and products intended to prevent, diagnose, and treat illnesses. This includes medical consultations, pharmaceuticals, surgical procedures, and preventive measures like vaccinations. These goods are essential for maintaining human capital and improving the quality of life, which distinguishes them from regular consumer products or luxury items in the market.

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23. (A) Non-excludability
A fundamental characteristic of a public good in healthcare is non-excludability. This means that once the good is provided, it is impossible or highly impractical to prevent individuals from benefiting from it. For instance, public health initiatives like disease eradication programs benefit the entire population, and no single person can be excluded from the protection offered by a disease-free environment.

24. (D) One person's consumption does not reduce its availability for others
Non-rivalry occurs when the consumption of a service by one individual does not diminish the amount available for others. In healthcare, certain public services like health education broadcasts exhibit this property. When one person watches a health awareness program, it does not prevent others from watching it or benefit less, making the marginal cost of providing it to an additional user zero.

25. (D) 1, 2, and 3
Public goods in healthcare are characterized by being non-rival and non-excludable. These features often lead to market failure, as private firms cannot easily charge users for benefits. Consequently, the private market tends to under-provide these essential services because there is no profit incentive. Government intervention is therefore necessary to ensure that these goods are supplied for the overall welfare of society.

26. (C) National disease surveillance
National disease surveillance is an excellent example of a public good. It involves monitoring and tracking the spread of infectious diseases to protect the entire population. This service is non-excludable and non-rival, as everyone benefits from early warnings and containment strategies. Private hospitals or surgeries, however, are private goods because they are both rival and excludable through payment.

27. (D) Those who do not pay for them can be prevented from consuming them
Excludability is a key feature of private healthcare goods, where access is restricted to those who pay the market price. Providers can prevent individuals who do not meet the financial requirements from using the service or receiving the product. This mechanism allows the private market to function but can also lead to inequities in access for those with lower incomes.

28. (A) Private Good
A private good is both rival and excludable. In the context of healthcare, a specific dose of medicine is a private good because its consumption by one patient prevents another from using that same dose. Furthermore, it is excludable because access is restricted to individuals who pay for it. Most medical treatments provided in the private sector fall into this category of goods.

29. (B) Society considers it desirable and necessary regardless of income
Healthcare is classified as a merit good because it provides significant benefits to both the individual and society. Social values dictate that everyone should have access to medical services based on need rather than the ability to pay. Because individuals may under-consume healthcare if left to the market, governments often subsidize or provide it directly to ensure optimal health outcomes.

30. (A) Both A and R are true and R is the correct explanation of A.
Government intervention is essential for merit goods like healthcare because individuals often focus on short-term costs rather than long-term health benefits. This leads to under-consumption in a free market, where people might skip preventive care. By subsidizing these services, the government addresses this failure and ensures that society benefits from a healthier, more productive population and reduced long-term costs.

31. (A) Private clinics with restricted membership
Toll goods, or club goods, are characterized by being excludable but non-rival up to a point of congestion. A private clinic with restricted membership is an example because only members can access the services, making it excludable. However, as long as the clinic is not overcrowded, one member's use of the facilities does not prevent another member from using them simultaneously.

32. (C) Toll Good — Non-excludable
The classification of toll goods as non-excludable is incorrect. Toll goods are actually excludable because access can be restricted through fees or memberships, but they are non-rival because one person's use doesn't necessarily hinder others. Public goods are non-excludable, private goods are rival, and merit goods tend to be under-consumed in a free market without intervention or subsidies from the state.

33. (D) Sellers (doctors) possess more information than buyers (patients)
Information asymmetry in healthcare occurs because doctors possess specialized medical knowledge that patients do not have. This imbalance allows the provider to influence the patient's demand for services, potentially leading to unnecessary treatments. Because patients cannot easily evaluate the quality or necessity of care, the market fails to reach an efficient equilibrium without some form of regulation or ethical oversight.

34. (C) Moral Hazard
Moral hazard describes a change in behavior where individuals take more risks or consume more healthcare services after becoming insured. Since the insurance company bears the majority of the cost, the individual lacks the incentive to minimize expenses or avoid risky health behaviors. This phenomenon can lead to inefficiencies and higher overall costs for the insurance pool and the healthcare system.

35. (A) P-3, Q-2, R-4, S-1
Market failures in healthcare occur through various mechanisms like externalities and informational imbalances. Externalities involve third-party effects, while moral hazard describes behavioral changes after obtaining insurance. Adverse selection involves high-risk individuals seeking more coverage, and information asymmetry occurs when one party has more knowledge. Understanding these concepts helps in designing better health policies and

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mask deep internal inequalities, providing a more realistic assessment of the actual level of human development in many countries.

54. (C) India ranks lower in HDI than Russia and China
Among the BRICS nations, India generally ranks lower in human development compared to Russia and China. Both of these countries have achieved significantly higher scores in health, education, and per capita income indicators. While India has shown consistent improvement over several decades, it still faces challenges in reaching the development levels of its peers in this major emerging economies group.

55. (A) P-2, Q-1, R-3, S-4
Different types of goods are defined by their characteristics in the healthcare sector. Clean air and disease eradication are public goods, while specialized surgeries are private goods. Primary education is often treated as a merit good due to its social benefits. Private health clubs, which restrict access to members, serve as examples of toll goods. These classifications help in understanding economic behaviors.

56. (D) Social benefits of a service exceed its private benefits
Positive externalities occur when the total benefit to society from a service is greater than the benefit received by the individual consumer. In healthcare, actions like getting vaccinated or treated for a contagious disease protect others in the community as well. Because the social benefit is higher than the private benefit, these services are often under-consumed without government support or public funding.

57. (B) Moral Hazard
When an individual consumes more medical services than necessary because their insurance covers the costs, it is a clear example of moral hazard. Since the patient does not bear the direct financial burden of the tests or treatments, they have less incentive to avoid unnecessary procedures. This behavior increases total healthcare spending and can lead to higher insurance premiums for everyone in the pool.

58. (C) Health awareness broadcasts
Health awareness broadcasts are non-excludable because once they are transmitted via radio or television, it is impossible to prevent individuals from receiving the information. Everyone within the broadcast range can benefit from the health advice provided. In contrast, private hospital rooms, surgeries, and specific medications are excludable because they can be restricted to those who pay for the specific service.

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59. (D) Its use by one person prevents its use by another
Rivalry in consumption means that one person's use of a resource directly reduces the amount available for others. For example, a hospital bed or a specific medical device is a rival good because only one patient can use it at a time. This characteristic is a primary feature of private goods and necessitates careful management and allocation of resources within the healthcare system.

60. (A) High social development despite moderate economic growth
The "Kerala Model" is characterized by achieving high levels of literacy, life expectancy, and low infant mortality through social interventions rather than high industrial income. The state prioritized public health and education, leading to social development indicators that rival those of many developed countries. This model proves that human well-being can be improved significantly through targeted public policies and social sector investments.

61. (B) UNDP and OPHI
The Multidimensional Poverty Index is calculated through a collaboration between the United Nations Development Programme and the Oxford Poverty and Human Development Initiative. It uses data from household surveys to identify deprivations across multiple dimensions like health, education, and standard of living. This partnership ensures that global poverty measurements go beyond simple income metrics to capture the actual lived experiences of people.

62. (B) Amartya Sen
Nobel laureate Amartya Sen worked closely with Mahbub ul Haq to develop the conceptual framework for the Human Development Index.

45. (A) 1 and 2 only
The Multidimensional Poverty Index was developed by the Oxford Poverty and Human Development Initiative and the United Nations Development Programme. It measures deprivations across health, education, and living standards at the household level. Unlike simple income-based measures, it identifies how people are poor in multiple ways simultaneously, providing a more detailed picture of the challenges faced by those in poverty.

46. (A) Both A and R are true and R is the correct explanation of A.
High out-of-pocket expenditure is a primary cause of medical-induced poverty in India. When individuals lack comprehensive insurance, they must spend their own savings or borrow money to pay for medical treatments. These catastrophic costs can quickly deplete household resources, forcing families below the poverty line. Therefore, expanding health insurance is vital for protecting people from financial ruin due to illness.

47. (A) Geometric Mean
The geometric mean is used to aggregate the three dimension indices into the final Human Development Index. This method was adopted to emphasize that all dimensions are equally important and to penalize countries with highly unbalanced achievements. It reflects the idea that a low score in health or education cannot be easily compensated for by a high score in national income alone.

48. (C) IHDI is equal to HDI
In a situation of perfect equality, where achievements in health, education, and income are distributed evenly among the population, the Inequality-adjusted Human Development Index is equal to the standard index. The adjusted index subtracts a percentage of the score based on the level of inequality present. Thus, the gap between the two values indicates the loss in development caused by disparities.

49. (A) P-2, Q-1, R-4, S-3
Mahbub ul Haq is primarily associated with the creation of the Human Development Index. The multidimensional poverty measure was developed jointly by the United Nations Development Programme and the Oxford Poverty Initiative. Furthermore, the inequality adjustment was introduced to refine the index, and the first report was published in 1990. These connections represent key milestones in the evolution of development metrics.

50. (A) Both A and R are true and R is the correct explanation of A.
Healthcare markets frequently suffer from market failure due to information asymmetry between doctors and patients. Because doctors have more specialized knowledge, they can influence the type and amount of care provided, which might not always align with the patient's best interests. This imbalance leads to inefficient resource allocation and necessitates government regulation to protect consumers and ensure fair medical outcomes.

51. (B) It is the average education of adults aged 25 and older
Mean years of schooling is a retrospective indicator that measures the average number of years of education completed by people aged twenty-five and older. It provides a snapshot of the current level of human capital and educational achievement within the adult population. This indicator reflects the long-term effectiveness of a country's education system in reaching and educating its citizens over time.

52. (A) 1-2-3
The evolution of human development metrics began with the first report in 1990. Later, the Multidimensional Poverty Index was introduced to look at specific household deprivations. The Inequality-adjusted Human Development Index was also developed around the same period to account for internal disparities. This chronological progression shows the increasing complexity and depth with which international organizations now measure global progress and human well-being.

53. (C) 2010
The Inequality-adjusted Human Development Index was officially introduced in the 2010 Human Development Report. This marked a significant shift by allowing researchers to adjust national scores based on how achievements are distributed across the population. It highlighted that average national achievements can often

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interventions for public welfare and efficient resource allocation.

36. (D) A pool of insured persons dominated by high-risk individuals
Adverse selection occurs when individuals with a higher risk of health problems are more likely to purchase insurance. Because insurers may not have perfect information about an applicant's health status, they cannot price premiums accurately. This leads to a situation where the insurance pool becomes dominated by high-risk individuals, eventually driving up costs and potentially causing the insurance market to fail.

37. (A) Positive Externality
Vaccinations provide a positive externality because they benefit not only the person receiving the shot but also the wider community. By reducing the transmission of contagious diseases, a vaccinated individual lowers the risk of infection for others. This social benefit is not fully accounted for in the private price, which often justifies government funding or mandates for immunization programs to protect all.

38. (C) To address market failures and ensure equity
The government plays a major role in healthcare to correct market failures such as information asymmetry and externalities. Additionally, the state aims to ensure equity by providing services to those who cannot afford private care. Without government intervention, healthcare would be under-provided and inaccessible to large segments of the population, leading to poorer national health outcomes and increased social inequality.

39. (A) Healthcare for all without financial hardship
Universal Health Coverage is the principle that all people should have access to the health services they need without suffering financial hardship. This objective involves a range of services from health promotion to palliative care. The focus is on ensuring that the cost of using healthcare services does not push families into poverty, thereby promoting social justice and national human development.

40. (A) 1 and 2 only
Universal Health Coverage focuses on providing essential health services while significantly reducing the financial burden on individuals. It aims to eliminate out-of-pocket expenses that lead to poverty. Contrary to the idea that it is only for developed nations, Universal Health Coverage is a global health goal applicable to all countries, regardless of their current economic status or developmental level.

41. (B) Direct payments made by individuals at the point of service
Out-of-pocket expenditure refers to direct payments made by patients to healthcare providers at the time of receiving service. This includes costs for consultations, medications, and diagnostic tests that are not covered by insurance or government schemes. In India, high levels of this expenditure are a major concern as they can lead to catastrophic financial consequences for low-income households and individuals.

42. (C) Financial protection against catastrophic health expenses
Health insurance acts as a safety net by providing financial protection against high medical costs. By pooling risks across a large population, it ensures that an individual's medical bills are covered, preventing catastrophic expenses. This is particularly important for the poor, as a single illness can otherwise deplete their savings and push them into deep, long-term poverty and economic instability.

43. (D) Environment
The Human Development Index is based on three core dimensions: health, education, and standard of living. While environmental sustainability is recognized as vital for human progress, it is not currently an integrated component of the standard composite score. Instead, it is often analyzed through separate indices or adjustments to provide a more detailed view of the long-term viability of development across nations.

44. (A) GNI per capita at PPP
Gross National Income per capita adjusted for Purchasing Power Parity is the indicator used to represent the standard of living. It measures the total income received by the residents of a nation, adjusted for the cost of living. This allows for a fair comparison of the economic resources available to individuals for achieving a decent lifestyle and purchasing essential goods and services.

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Sen's work on the capability approach, which focuses on what people are actually able to do and be, provided the philosophical foundation for the index. Together, they shifted the focus of development from economic growth to the expansion of human freedoms.

63. (D) Low Human Development
A country with an index score of zero point four five zero is classified in the low human development category. This group typically consists of nations that face significant challenges in healthcare, education, and economic growth. The threshold for the low development category is generally below zero point five five zero, indicating that these countries require substantial international support and effective domestic policy reforms.

64. (C) Compare purchasing power across different national currencies
Adjusting national income for Purchasing Power Parity allows for a meaningful comparison of living standards across different countries. It accounts for the fact that the price of essential goods and services varies globally. By using a common currency measure that reflects what money can actually buy in each country, the index provides a more accurate picture of the economic resources available to citizens.

65. (D) 1, 2, and 3
Market failure in healthcare is driven by the presence of externalities, where actions impact third parties, and information asymmetry, where doctors know more than patients. These factors lead to an inefficient allocation of resources by the private sector, often resulting in either under-provision or over-consumption of services. Government intervention is necessary to regulate the market, provide public goods, and ensure social equity.

66. (C) Female HDI to Male HDI
The Gender Development Index is calculated as the ratio of the Human Development Index value for females to the value for males. This index measures the gender gap in human development achievements across the three basic dimensions. A value closer to one indicates greater equality between men and women, while a lower value highlights significant disparities that need to be addressed by policy.

67. (B) 1.0
The highest possible score for the Human Development Index is one point zero. This theoretical maximum would represent a country achieving the highest set goalposts in all three dimensions: a long life, maximum schooling, and high national income. While no country has reached this perfect score, those in the very high development category have scores that are closest to this upper limit.

68. (D) Individuals under-consume it if left to the private market
Healthcare is a merit good because the private market often fails to provide it in sufficient quantities. Individuals may not fully appreciate the long-term benefits of preventive care or may lack the funds to pay for it. Because society views health as a basic right and a necessity, the government must step in to ensure that these services are accessible to all.

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69. (A) Excludability and Non-rivalry
Toll goods, also known as club goods, are characterized by excludability and non-rivalry. This means that access to the good can be restricted to those who pay a fee or membership, but one person's use does not significantly reduce the availability for others. Examples in healthcare include private fitness clubs or specialized clinics where access is controlled but resources are shared among members.

70. (A) Both A and R are true and R is the correct explanation of A.
Vaccination programs are frequently funded by governments because they generate substantial positive externalities. When a person is vaccinated, they protect themselves and reduce the spread of disease to others. Since the private market does not account for these communal benefits, it would under-provide vaccines if left alone. Public funding ensures that enough people are immunized to achieve herd immunity.

71. (A) Identifying household deprivations across HDI dimensions
The Multidimensional Poverty Index complements the main index by looking at the specific deprivations people face at the household level. It identifies who is poor and how they are poor, focusing on health,

education, and living standards. By analyzing these overlapping deprivations, policymakers can better target interventions to help the most vulnerable populations who suffer from multiple disadvantages simultaneously.

72. (B) Children of school-entry age
Expected years of schooling is an indicator focused on children of school-entry age. It predicts the total number of years of schooling a child can expect to receive if current enrollment rates for different ages persist throughout their life. This measure helps evaluate the potential future educational attainment of the population and the long-term human capital development prospects of a particular nation.

73. (B) Public goods are non-excludable and non-rival in nature
Public goods are distinguished from private goods by their non-excludable and non-rival characteristics. Non-excludability means no one can be prevented from using the good, and non-rivalry means one person's use doesn't decrease the amount available to others. These features often lead to the "free-rider" problem, where individuals benefit without paying, which is why governments typically provide these essential services.

74. (C) It creates a healthy mix of low-risk and high-risk individuals
Adverse selection is problematic because it does not create a healthy mix of risks. Instead, it leads to a pool dominated by high-risk individuals, as those most likely to need care are the ones who purchase insurance. This imbalance forces insurers to raise premiums, which may cause low-risk individuals to drop out, potentially leading to the complete collapse of the insurance market pool.

75. (A) P-3, Q-2, R-4, S-1
Various market concepts significantly impact healthcare delivery and outcomes. Positive externalities lead to under-production by the market, while information asymmetry can result in supplier-induced demand. High out-of-pocket expenditure places a heavy financial burden on the poor. Conversely, health insurance provides essential financial protection. Understanding these relationships is crucial for developing effective health systems that ensure both efficiency and social equity.

76. (D) Comprehensive access to essential quality services and financial risk protection
Universal Health Coverage is a comprehensive goal that focuses on ensuring all people have access to quality health services without facing financial hardship. It includes a full spectrum of essential health services, from prevention to treatment and rehabilitation. The key is to provide these services while protecting individuals from catastrophic costs, thereby promoting health equity and sustainable human development globally.

77. (B) High private sector reliance and low insurance penetration
In India, the high level of out-of-pocket expenditure is primarily driven by a heavy reliance on private healthcare providers and a lack of widespread health insurance. Many citizens must pay directly for medical services, which can be extremely expensive. This financial burden is worsened by the fact that a large portion of the population remains uncovered by comprehensive public or private insurance schemes.

78. (B) Perfect gender equality
The Gender Inequality Index ranges from zero to one, with zero representing perfect equality between men and women. In this ideal state, there would be no loss in human development due to gender-based disparities in reproductive health, empowerment, or labor market participation. A higher value on this index indicates greater inequality and a larger loss in the country's overall human development potential.

79. (A) Standard of Living
The standard of living dimension in the Human Development Index is measured using Gross National Income per capita. This indicator reflects the average economic resources available to the people of a nation. By accounting for the income generated by residents, including income from abroad, it provides a proxy for the material well-being and the capacity of individuals to lead a decent life.

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80. (C) Predicted lifespan based on current mortality patterns
Life expectancy at birth is a statistical measure that predicts the average number of years a person is expected to live, assuming that current mortality rates remain the same throughout their life. It is a fundamental indicator of the health dimension in human development, reflecting the quality of healthcare, nutrition, and overall living conditions available to the population within a country.

81. (D) Consistent upward trend
India has maintained a consistent upward trend in its Human Development Index value over the last three decades. This progress is due to improvements in life expectancy, increased years of schooling, and steady growth in national income. While the pace of improvement may vary, the overall trajectory reflects the country's ongoing efforts to enhance the well-being and capabilities of its citizens.

82. (B) Two
The education dimension of the Human Development Index is calculated using two key indicators: mean years of schooling and expected years of schooling. Mean years of schooling reflects the current educational attainment of the adult population, while expected years of schooling captures the potential attainment of children entering the system. Together, these indicators provide a comprehensive view of a nation's knowledge level.

83. (B) Dollars buy different amounts of goods across nations
Purchasing Power Parity is used because the value of a dollar varies significantly between different countries. In some nations, a fixed amount of money can purchase more goods and services than in others. By adjusting income for these differences in the cost of living, the index allows for a more accurate and fair comparison of the actual standard of living globally.

84. (C) High Human Development
A country with an index score of zero point seven five zero falls into the high human development category. This group sits between the medium development tier and the very high development tier. Nations in this category generally have relatively high levels of education and health, along with significant economic resources, although they may still face certain challenges in achieving full equity or advanced development.

85. (A) 1 and 2 only
Healthcare is a merit good because individuals often fail to recognize its full long-term benefits, leading to under-consumption. Consequently, government intervention is necessary to provide or subsidize healthcare to ensure social equity and better public health outcomes. Unlike some other goods, the private market typically does not provide healthcare in excessive quantities; rather, it often falls short of meeting social needs.

86. (C) Mass immunization of the public
Mass immunization is a classic example of a positive externality in public health. When a large portion of the population is vaccinated, the spread of infectious diseases is curtailed, benefiting even those who are not vaccinated. This communal protection, known as herd immunity, provides a social benefit that exceeds the private benefit to the individual, justifying public investment and coordination.

87. (A) Over-using services because the patient is fully insured
Moral hazard occurs when people change their behavior because they are protected from the financial consequences. In health insurance, this often manifests as patients consuming more medical services or undergoing more tests than necessary because they do not pay the full cost themselves. This behavior increases total expenditures within the healthcare system and can lead to higher overall costs for all participants.

88. (D) Common Pool Resource
A common pool resource is characterized by being non-excludable but rival in consumption. This means that while it is difficult to prevent people from using the resource, one person's use reduces the amount available for others. This often leads to the "tragedy of the commons," where the resource is overused and depleted because individuals act in their own short-term interest.

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Assertion (A): The linkages between SDG 3 (Health) and SDG 4 (Education) are synergistic.
Reason (R): Better educated mothers tend to have healthier children with lower mortality rates.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

36. Which of the following is an example of an "Occupational Health Hazard" in the secondary sector?
(A) Hearing loss from heavy industrial machine operation
(B) Acute sunstroke occurring in seasonal farm laborers
(C) Malaria infection among localized forest dwellers
(D) Chronic eye strain in professional software engineers

37. "Returns to Education" in economic terms refers to:
(A) The physical return of borrowed books to a public library.
(B) The percentage of students successfully passing a final exam.
(C) The increase in lifetime earnings per year of schooling.
(D) The total amount of tax students pay after their graduation.

38. Which of the following describes the relationship between the health sector and GDP?
(A) Health growth aids GDP via services and manufacturing.
(B) The health sector consumes resources without producing value.
(C) GDP growth is inversely proportional to all health spending.
(D) The health sector is only relevant within the primary sector.

39. Skill development in the health workforce is essential for:
(A) Reducing the total number of functioning hospitals.
(B) Lowering the quality of care to save operational costs.
(C) Increasing the market price of essential medicines.
(D) Improving the efficiency of healthcare delivery systems.

40. Match the impact of health in List I with the economic outcome in List II and select the correct option:
List I: (Impact of Health)
P. Reduction in morbidity
Q. Improved nutrition
R. Universal Health Coverage
S. Health Tourism
List II: (Economic Outcome)
1. Foreign Exchange earnings
2. Lower financial risk for households
3. Enhanced cognitive development
4. Reduction in lost work days
(A) P-4, Q-3, R-2, S-1
(B) P-3, Q-4, R-1, S-2
(C) P-2, Q-1, R-4, S-3
(D) P-4, Q-2, R-3, S-1

41. In the context of sectoral composition, where does "Health Administration" usually fall?
(A) Primary sector
(B) Secondary sector
(C) Tertiary sector
(D) Quaternary sector

42. Which of the following is a negative economic impact of a high disease burden?
(A) A significant increase in the national human capital stock.
(B) Higher annual savings rates for the average households.
(C) Rapid expansion of the available domestic labor force.
(D) Loss of productivity and increased treatment expenditure.

43. Consider the following statements regarding the Pharmaceutical Industry:
1. Certain countries serve as the largest providers of generic drugs globally.
2. The sector accounts for a significant portion of merchandise exports in industrial economies.
3. Production of Active Pharmaceutical Ingredients (APIs) is a key component of

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is specifically measured by the share of parliamentary seats held by women and their attainment in secondary education. Reproductive health is assessed through maternal mortality and adolescent birth rates, while labor market participation reflects economic engagement.

99. (B) (Actual value - Minimum value) / (Maximum value - Minimum value)
The dimension indices are calculated by normalizing the actual values using a specific formula. By subtracting the minimum value from the actual value and dividing it by the range between the maximum and minimum, the data is converted into a score between zero and one. This standardization process allows different types of indicators to be combined into a single composite index.

100. (D) Private Good
Private goods are defined by their excludability, meaning that providers can prevent those who do not pay from accessing the service. This characteristic allows for market mechanisms to function based on price. In healthcare, specific medical procedures or medications are typically treated as private goods because access is contingent upon direct payment or insurance coverage, allowing for rivalry and exclusion in use.

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3. Access to quality education
4. Improved physiological health status

(A) 3-2-4-1
(B) 3-4-2-1
(C) 2-3-4-1
(D) 4-3-2-1

18. Which concept refers to the total monetary value of health-related services produced within a country in a year?
(A) National Health Accounts
(B) Health sector's contribution to GDP
(C) Out-of-pocket expenditure
(D) Gross National Happiness

19. In the global context, which industry is often referred to as the "Pharmacy of the World" due to its contribution to generic medicine?
(A) Information Technology
(B) Automobile Industry
(C) Textile Industry
(D) Pharmaceutical Industry

20. Match the concepts in List I with the key features in List II and select the correct option:
List I: (Concept)
P. Health Tourism
Q. AYUSH
R. National Health Policy (NHP) 2017
S. Skill India
List II: (Key Feature)
1. Traditional systems of medicine
2. 2.5% of GDP target for health expenditure
3. International patients seeking low-cost care
4. Improving health workforce quality

(A) P-3, Q-1, R-2, S-4
(B) P-1, Q-3, R-4, S-2
(C) P-3, Q-2, R-1, S-4
(D) P-2, Q-1, R-3, S-4

21. The size and scope of health sector employment includes:
(A) Only licensed medical doctors and registered nurses
(B) Doctors, paramedics, and hospital administrative staff
(C) Clinical, research, pharmaceutical, and support staff
(D) Only government employees working in public hospitals

22. What is the primary driver of "Health Tourism" in some developing economies?
(A) Competitive pricing and skilled medical professionals
(B) High acquisition costs for advanced medical technology
(C) Low quality of services provided in public facilities
(D) Complete lack of a national health regulatory framework

23. Consider the following statements regarding the AYUSH sector:
1. It includes Ayurveda, Yoga, Unani, Siddha, and Homoeopathy.
2. It contributes to export earnings through herbal products.
3. It is a component of national health initiatives.

Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 1 and 2 only
(C) 2 and 3 only
(D) 1, 2, and 3

24. Which document provides a systematic description of the financial flows in the health system of a country?
(A) Economic Survey
(B) National Health Accounts (NHA)
(C) Union Budget
(D) Human Development Report

25. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A): Public health expenditure in certain developing economies has historically been lower than the global average.
Reason (R): High out-of-pocket expenditure is a characteristic feature of health financing in these regions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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(A) The total count of hospital beds available in a country.
(B) The total fiscal budget allocated to the Ministry of Health.
(C) The stock of well-being that enables economic production.
(D) The percentage of doctors practicing per thousand people.

10. Match the sectors in List I with the specific health risks in List II and select the correct option:
List I: (Sector)
P. Agriculture
Q. Manufacturing
R. Mining
S. Services
List II: (Specific Health Risk)
1. Respiratory Dust Diseases
2. Pesticide Poisoning
3. Mental Stress/Ergonomics
4. Industrial Accidents
(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

11. What is the primary economic return of investing in the health of a population?
(A) Increased workforce participation and general efficiency
(B) Higher interest rates on commercial and private loans
(C) Reduced labor productivity across all economic sectors
(D) Higher inflation rates for essential consumer goods

12. Which of the following describes the relationship between malnutrition and productivity?
(A) Malnutrition has no measurable impact on economic productivity.
(B) Malnutrition causes deficits that reduce lifetime earnings.
(C) Malnutrition exclusively affects workers in the tertiary sector.
(D) Productivity increases as nutrition levels fall due to scarcity.

13. Consider the following statements regarding Health Literacy:
1. It refers to the ability of individuals to gain access to and understand health information.
2. Higher health literacy is linked to lower healthcare costs for the state.
3. It is a concept with significant economic implications for the workforce.
Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 2 and 3 only
(C) 1 and 2 only
(D) 1, 2, and 3

14. Empirical evidence suggests that there is a strong positive correlation between health and:
(A) GDP growth per capita
(B) Unemployment rates
(C) Dependency ratio
(D) National debt

15. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A): Education significantly improves health outcomes within a population.
Reason (R): Educated individuals are more likely to adopt preventive healthcare measures and healthy lifestyles.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. Which of the following is a direct economic impact of the education sector on GDP?
(A) Production of high-volume industrial chemicals
(B) Extraction of precious metals from crustal ore
(C) Management of national fiscal debt and deficits
(D) Creation of a skilled and employable workforce

17. Arrange the following steps in the "Education-Health-Productivity" link in the correct logical flow:
1. Improved labor productivity and income
2. Better health awareness and nutrition

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89. (B) Rival and excludable
Private goods in healthcare, such as specific medications or individual surgical procedures, are both rival and excludable. Rivalry means that one person's use of the good prevents another from using the same unit. Excludability means that providers can restrict access to those who are willing and able to pay the market price, allowing the private market to function for these items.

90. (A) Both A and R are true and R is the correct explanation of A.
The Kerala model is renowned for its focus on the social sector, particularly healthcare and education. By prioritizing these areas, Kerala has achieved impressive results in literacy and life expectancy that surpass those of many wealthier states in India. This demonstrates that high levels of human development can be achieved through effective public policy and social investment even without extreme wealth.

91. (D) MPI
The Multidimensional Poverty Index measures deprivations in health, education, and living standards at the household level. It identifies how many people are poor and the intensity of their poverty. By using the same three dimensions as the main human development index, it provides a consistent and detailed view of poverty that goes beyond simple income-based measurements to capture real deprivations.

92. (A) Mean and Expected years of schooling
The knowledge dimension is measured using two educational indicators: mean years of schooling for adults and expected years of schooling for children. Mean years provides an assessment of the current educational level of the adult population, while expected years looks at the prospects for the younger generation. Together, they reflect the overall educational achievement and future potential of a country's human capital.

93. (B) Consultation with a specialist
A consultation with a medical specialist is a private good because it is both rival and excludable. Only one patient can be seen by the doctor at a specific time, making it rival. Additionally, the service is excludable because the specialist or clinic can charge a fee and prevent those who do not pay from receiving the medical advice and treatment.

94. (B) Doctors have specialized training that patients lack
Information asymmetry in medicine primarily stems from the specialized training and expertise that doctors possess. Patients usually do not have the same level of medical knowledge, making it difficult for them to independently assess their own health needs or the quality of the care provided. This imbalance creates a situation where the provider has significant influence over the patient's healthcare decisions.

95. (A) P-2, Q-1, R-4, S-3
The classification of human development is based on specific index scores. Countries with scores of zero point eight zero zero and above are very high. High development ranges from zero point seven zero zero to zero point seven nine nine. Medium development is between zero point five five zero and zero point six nine nine, while low development is below that threshold for global comparisons.

96. (D) Comprehensive access to essential quality services and financial risk protection
Universal Health Coverage is built on the pillars of access to quality services and financial protection. It ensures that everyone can receive the health services they need without facing financial ruin. This includes access to medicines, vaccines, and health workers. By integrating these components, the goal is to improve health outcomes and reduce poverty caused by high medical expenses.

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97. (D) It can lead to catastrophic health costs for poor families
Out-of-pocket expenditure is a major burden because it can result in catastrophic costs for low-income households. When families must pay directly for medical care, they often have to sacrifice other essentials like food or education. In severe cases, these expenses can push families into deep poverty, highlighting the need for insurance and public health systems to provide financial protection.

98. (D) Adult Literacy Rate
The Adult Literacy Rate is not an indicator used in the Gender Inequality Index. Instead, the index focuses on reproductive health, empowerment, and economic participation. Empowerment

26. The National Health Policy (NHP) 2017 aims to increase government health expenditure to what percentage of GDP?
(A) 1.5%
(B) 2.5%
(C) 5.0%
(D) 6.0%

27. What is the long-standing target for education expenditure as a percentage of GDP in India?
(A) 3%
(B) 4.5%
(C) 6%
(D) 10%

28. Which of the following best defines "Social Sector Spending"?
(A) Investment solely in heavy industries and infrastructure.
(B) Spending on health, education, and social security.
(C) Total national expenditure on defense and border security.
(D) Direct subsidies provided exclusively to the corporate sector.

29. Which of the following is an INCORRECT statement regarding a demographic dividend?
(A) It refers to the growth potential resulting from shifts in a population's age structure.
(B) It is a permanent phenomenon for every country.
(C) It can only be realized if the workforce is healthy and skilled.
(D) It occurs when the working-age population is larger than the dependent population.

30. Match the entities in List I with the economic goals in List II and select the correct option:
List I: (Entity)
P. Human Capital
Q. Public Health Expenditure
R. Pharmaceutical Sector
S. Health Literacy
List II: (Economic Goal)
1. Improving patient compliance and reducing costs
2. Increasing GDP via exports and manufacturing
3. Reducing out-of-pocket expenditure
4. Improving labor productivity
(A) P-4, Q-3, R-2, S-1
(B) P-3, Q-4, R-1, S-2
(C) P-4, Q-2, R-3, S-1
(D) P-1, Q-3, R-2, S-4

31. How does education directly contribute to poverty reduction?
(A) By increasing the dependency ratio across families.
(B) By encouraging people to avoid the local labor market.
(C) By enhancing individual earning capacity and employability.
(D) By reducing the need for public government infrastructure.

32. What is the "Medical Poverty Trap"?
(A) A situation where people remain poor due to excessive spending on education.
(B) A condition where doctors remain underpaid while serving in rural areas.
(C) When a country allocates its entire fiscal budget to the medical sector.
(D) Poverty caused by health costs and related income loss.

33. Consider the following statements regarding Health and Gender Equality:
1. Gender inequality in health leads to lower female labor force participation.
2. Investment in maternal health has a positive spillover effect on child education.
3. Gender-based health disparities have measurable impacts on the national GDP.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

34. Which Sustainable Development Goal (SDG) specifically targets "Good Health and Well-being"?
(A) SDG 1
(B) SDG 3
(C) SDG 4
(D) SDG 5

35. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R).

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CHAPTER 23

Health Education and Sectoral Composition

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1. Which of the following sectors is primarily concerned with the extraction of natural resources and forms the base of the sectoral composition?
(A) Secondary sector
(B) Tertiary sector
(C) Primary sector
(D) Quaternary sector

2. Which health hazard is most commonly associated with workers involved in the mining industry within the primary sector?
(A) Carpal Tunnel Syndrome
(B) Silicosis
(C) Sedentary lifestyle diseases
(D) Radiation sickness

3. Consider the following statements regarding the Secondary Sector:
1. It involves the conversion of raw materials into finished goods.
2. Occupational health in this sector focuses heavily on industrial safety.
3. It contributes less to the GDP of India compared to the Agriculture sector.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

4. Which of the following is NOT classified under the Tertiary sector of the economy?
(A) Mineral Ore Processing
(B) Banking and Finance
(C) Healthcare services
(D) Information Technology

5. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A): Investment in human capital is a key determinant of economic growth.
Reason (R): Health and education enhance the productivity and quality of the labor force.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. The "Human Capital Theory" primarily emphasizes that:
(A) Health and education represent capital yielding future returns.
(B) Human populations act as a net liability to the exchequer.
(C) Physical machinery is more vital than learned labor skills.
(D) Unregulated population growth is the sole driver of GDP.

7. Arrange the following stages of human capital development in the logical sequence of an individual's life cycle:
1. Vocational skill development
2. Early childhood nutrition
3. Primary and secondary education
4. Higher education and specialization

(A) 2-3-4-1
(B) 2-3-1-4
(C) 3-2-1-4
(D) 3-2-4-1

8. In the context of human capital theory, investment in health is argued to lead to:
(A) A notable increase in the number of annual sick leaves.
(B) An increase in "healthy time" available for economic work.
(C) A significant decrease in the lifespan of the population.
(D) A reduction in the overall wages paid to skilled labor.

9. Which of the following is the most appropriate definition of "Health as Human Capital"?

the sector.
Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 2 and 3 only
(C) 1 and 2 only
(D) 1, 2, and 3

44. Which of the following categories is used in National Health Accounts to classify where health funding originates?
(A) Industrial Output
(B) Health Financing Schemes
(C) Agricultural Yield
(D) Gross Fixed Capital Formation

45. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A): Investment in the health of the primary sector workforce is crucial for food security.
Reason (R): Agricultural productivity depends on the physical stamina and health of farmers.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

46. Which of the following is a key component of "Human Capital"?
(A) Intellectual skills and health
(B) Gold reserves
(C) Stock market indices
(D) Crude oil deposits

47. How does the education sector contribute to the Tertiary sector?
(A) By producing steel for school buildings.
(B) By mining coal for electricity in schools.
(C) By providing teaching and training services.
(D) By harvesting crops for mid-day meals.

48. Which of the following is an example of a "Preventive" investment in health?
(A) Heart surgery
(B) Emergency ambulance services
(C) Dialysis treatment
(D) Vaccination programs

49. What is the impact of "Brain Drain" in the health sector on a developing economy?
(A) It increases the local availability of medical specialists.
(B) It reduces the cost of healthcare for the domestic poor.
(C) It causes a loss of investment in professional training.
(D) It has no measurable impact on the domestic health system.

50. Match the sectoral hazards in List I with the affected groups in List II and select the correct option:
List I: (Sectoral Hazard)
P. Zoonotic diseases
Q. Repetitive Strain Injury
R. Pneumoconiosis
S. Heavy metal toxicity
List II: (Affected Group)
1. Miners
2. IT Professionals
3. Livestock farmers
4. Factory workers
(A) P-3, Q-2, R-1, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-2, S-4
(D) P-2, Q-3, R-4, S-1

51. The economic dimension of gender equality in health includes:
(A) Only focusing on male health in industrial factories.
(B) Reducing the total number of women in the workforce.
(C) Allocating health budgets based on population size only.
(D) Maximizing productivity through equal health opportunity.

52. In the context of health expenditure, what does "Out-of-Pocket Expenditure" (OOPE) signify?
(A) Direct individual payments for non-insured care services.
(B) Total money spent by the government on public hospitals.
(C) Subsidies provided by international pharmaceutical companies.
(D) Total health insurance premiums paid by the central state.

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53. Which of the following is a direct link between education and health outcomes?
(A) Educated individuals are less likely to seek medical help.
(B) Education leads to higher prices for essential medicines.
(C) Education improves hygiene and disease prevention.
(D) Higher education levels are associated with infant mortality.

54. The term "Demographic Dividend" refers to:
(A) An increase in the working-age population proportion.
(B) A significant increase in the annual national birth rate.
(C) A decrease in the total overall population of a country.
(D) High levels of migration from rural areas to urban hubs.

55. Which of the following is a focus of the traditional medicine sector's economic contribution?
(A) Large-scale heavy machinery manufacturing
(B) Deep-sea mining and resource extraction
(C) International aerospace and satellite engineering
(D) Promotion of wellness tourism and herbal exports

56. The relationship between health and labor productivity is generally:
(A) Negative
(B) Positive
(C) Neutral
(D) Unpredictable

57. Which of the following best describes "Investment in Health" as an economic concept?
(A) Spending exclusively on luxury hospitals for the elite.
(B) Reducing the salary of medical staff to save budget.
(C) Allocating resources to improve population health status.
(D) Selling public hospitals to private commercial entities.

58. Malnutrition among children under five primarily affects:
(A) Only their current physical growth and development.
(B) The economic performance of the secondary sector only.
(C) The general inflation rate of the developing country.
(D) Future cognitive abilities and adult economic productivity.

59. What is the significance of the "6% of GDP" target for education?
(A) It is the level ensuring quality and universal education.
(B) It is the maximum limit allowed by financial organizations.
(C) It is the amount spent exclusively on higher education.
(D) It is the total tax collected from the education sector.

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60. Health literacy is economically significant because it:
(A) Increases the total number of medical colleges in a state.
(B) Helps individuals make informed, cost-effective decisions.
(C) Reduces the demand for private health insurance products.
(D) Promotes the use of expensive branded pharmaceutical drugs.

61. Which of the following is a challenge in achieving increased GDP targets for health in developing economies?
(A) Low population growth rates across rural areas.
(B) Fiscal constraints and competing budgetary priorities.
(C) Excessive supply of specialized healthcare professionals.
(D) Complete lack of a significant national disease burden.

62. The "Tertiary Sector" is also known as the:
(A) Service sector
(B) Manufacturing sector
(C) Industrial sector
(D) Extraction sector

63. Which of the following is an economic benefit of "Skill Development" in the health workforce?
(A) Higher unemployment rates among the

national youth.
(B) Increase in the number of unskilled industrial workers.
(C) Improved care quality aiding faster return to work.
(D) Decrease in the total number of professional nursing staff.

64. How does "Health" contribute to "Poverty Reduction"?
(A) By increasing the total daily cost of urban living.
(B) By encouraging people to stay in the primary sector.
(C) By increasing the prices of essential food commodities.
(D) By preventing income loss and reducing medical debt.

65. Which of the following is a feature of "Primary Sector" health hazards?
(A) Chronic exposure to office-related and mental stress.
(B) Risk of industrial chemical leaks from urban factories.
(C) Hazards from outdoor labor, dust, and pesticides.
(D) Cyber-security threats to regional agriculture databases.

66. "Human Capital" differs from "Physical Capital" because:
(A) Human capital does not depreciate over a lifetime.
(B) Physical capital is sellable; human capital is embodied.
(C) Physical capital is only used within the primary sector.
(D) Human capital is not essential for national GDP growth.

67. Which of the following is true about the "Social Sector"?
(A) It includes only the healthcare and hospital sector.
(B) It is entirely funded by the international private sector.
(C) It does not require any form of government regulation.
(D) It encompasses health, education, and welfare services.

68. The "Returns to Economy" from health investment include:
(A) Higher workforce participation and reduced absenteeism.
(B) Lower life expectancy across the general population.
(C) Decreased national income for developing nations.
(D) Increased migration of professionals to other countries.

69. Which of the following is a goal of "National Health Accounts"?
(A) To track the progress of the pharmaceutical stock market.
(B) To count the number of patients in private hospitals only.
(C) To provide a complete picture of national health spending.
(D) To regulate the price of imported medical equipment.

70. Which of the following is a "Competency-based" outcome of health education?
(A) Applying hygiene practices to prevent infection risks.
(B) Memorizing the formal names of all known diseases.
(C) Knowing the complete history of the International Red Cross.
(D) Counting the total number of private hospitals in a city.

71. In the context of economic development, "Education as Human Capital" implies:
(A) Education is a luxury good.
(B) Education is only for those in the tertiary sector.
(C) Education reduces the need for health services.
(D) Education increases the productive capacity of people.

72. Which of the following sectors usually has the highest share in the GDP of advanced and emerging economies?
(A) Primary Sector
(B) Tertiary Sector
(C) Secondary Sector
(D) Manufacturing Sector

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(A) High cost of treatment for the average rural patient.
(B) Service diversification and wellness export promotion.
(C) Dependence on imported pharmaceutical generic drugs.
(D) Reduction in the number of traditional practitioners.

99. "Health as Human Capital" implies that a healthy worker is:
(A) More expensive to hire.
(B) Likely to retire early.
(C) Less likely to use technology.
(D) More productive and efficient.

100. The linkage between SDG 3 (Good Health) and SDG 1 (No Poverty) is:
(A) Ill health is a major cause of poverty.
(B) Poverty has no impact on health.
(C) Improving health always increases poverty.
(D) These two goals are completely unrelated.

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ASHAs)
(D) Textile manufacturing incentives

86. The linkage between "Health and Poverty Reduction" is best explained by which of the following?
(A) Poor health causes costs that push families into poverty.
(B) Health increases the cost of survival.
(C) Poverty has no relation to health outcomes.
(D) Wealthy people do not need healthcare.

87. Which of the following is a "Gender Dimension" of health?
(A) Men and women have the same biological health needs always.
(B) Discouraging women from working in the health sector.
(C) Providing health services only to the male head of the family.
(D) Addressing maternal needs for economic participation.

88. "Education Expenditure" is an investment in:
(A) Physical capital
(B) Human capital
(C) Financial capital
(D) Natural capital

89. Which sector provides "Preventive, Promotive, and Curative" health services?
(A) Primary sector
(B) Secondary sector
(C) Tertiary sector
(D) Quaternary sector

90. "Malnutrition" results in "Productivity Loss" primarily through:
(A) Increased physical height.
(B) Higher savings.
(C) Improved education levels.
(D) Cognitive impairment and frequent illnesses.

91. Which of the following is the most appropriate reason for low public health spending in certain developing countries?
(A) Historical focus on other sectors and limited fiscal space.
(B) The population is exceptionally healthy and does not require medical care.
(C) Private hospitals are forbidden by law.
(D) No disease burden exists in rural areas.

92. The relationship between "Education and Health" is often described as:
(A) Mutually exclusive
(B) Mutually reinforcing
(C) Negatively correlated
(D) Irrelevant to GDP

93. Which of the following is a correct statement about Human Capital Theory?
(A) It suggests that labor is a fixed cost with no future value.
(B) It views education and health as investments in future gains.
(C) It treats human people exclusively as physical machinery.
(D) It rejects the general idea of labor skill development.

94. What is the role of the "Tertiary Sector" in the health industry?
(A) Delivery of medical and nursing services.
(B) Extraction of medicinal plants.
(C) Manufacturing of hospital beds.
(D) Mining of radioactive elements for X-rays.

95. "Occupational Health" refers to:
(A) Health of people who do not have a job.
(B) Health of people in the retirement phase.
(C) Prevention of work-related injuries and diseases.
(D) General health of children in schools.

96. Which industry is a major part of the "Secondary Sector" related to health?
(A) Agriculture
(B) Software Development
(C) Tourism
(D) Medical Device Manufacturing

97. In which decade was the target of 6% GDP for education first proposed in India?
(A) 1940s
(B) 1960s
(C) 2010s
(D) 2020s

98. Which of the following is an "Economic Benefit" of traditional and alternative medicine systems?

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26. (B) 2.5%
The National Health Policy 2017 established a target to increase government health spending to two point five percent of the gross domestic product. Achieving this goal is essential for improving public health infrastructure and reducing the financial burden on citizens. Increased investment allows for better access to services, higher quality of care, and more effective management of disease.

27. (C) 6%
India has long aimed to allocate six percent of its gross domestic product to the education sector to ensure universal access and high quality. This target was first recommended to build a strong foundation for human capital development. Reaching this level of funding is critical for modernizing schools, training teachers, and providing students with skills for a competitive economy.

28. (B) Spending on health, education, and social security.
Social sector spending refers to government investment in areas that directly improve the well-being and capabilities of the population. This includes expenditures on healthcare, education, social security, and housing. These investments are vital for reducing inequality, promoting human development, and ensuring that all citizens have the opportunity to contribute to and benefit from the country's economic progress.

29. (B) It is a permanent phenomenon for every country.
A demographic dividend occurs when the proportion of the working-age population is high, potentially boosting economic growth. However, this is a temporary window of opportunity that depends on a specific age structure. It is not permanent because as the population ages, the dependency ratio increases. To realize its benefits, a nation must invest in health, education, and jobs.

30. (A) P-4, Q-3, R-2, S-1
Economic goals are met through different sectors of the health system. Investing in human capital improves labor productivity, while increasing public health spending reduces the financial risk for households. The pharmaceutical sector drives growth through exports, and health literacy empowers individuals to make cost-effective choices. Together, these elements form a comprehensive strategy for integrating health into the economy.

31. (C) By enhancing individual earning capacity and employability.
Education is a primary tool for poverty reduction because it equips individuals with the skills and knowledge required for better-paying jobs. By increasing employability, education enables people to escape low-productivity labor and secure stable incomes. Furthermore, educated individuals are better at managing resources and planning for the future, which helps break the intergenerational cycle of poverty within communities.

32. (D) Poverty caused by health costs and related income loss.
The medical poverty trap occurs when high costs for healthcare force families to spend their savings or take on debt. When a primary earner falls ill, the family loses income while facing mounting medical bills. This combination of increased expenses and reduced earnings can push households into deep financial distress, making it extremely difficult to recover their previous status.

33. (D) 1, 2, and 3
Gender equality in health is crucial for economic development, as disparities limit the participation of women in the workforce. Investments in maternal health not only save lives but also improve the educational outcomes of children through better early care. Addressing these gaps ensures the entire population can contribute to the national economy, maximizing potential growth and improving social well-being.

34. (B) SDG 3
Sustainable Development Goal 3 aims to ensure healthy lives and promote well-being for all people at all ages. This goal encompasses various targets, including reducing maternal mortality, ending epidemics, and achieving universal health coverage. By focusing on these areas, the international community recognizes that good health is a fundamental prerequisite for

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ANSWERS

1. (C) Primary sector
Extraction of natural resources is the hallmark of the primary sector. This sector includes activities like agriculture, forestry, fishing, and mining. It serves as the foundation for the entire economy by providing raw materials for industrial processes. A healthy and efficient workforce in this sector is vital for maintaining food security and resource availability for all other industries.

2. (B) Silicosis
Workers in the mining industry are frequently exposed to fine silica dust during extraction processes. Prolonged inhalation of these particles leads to silicosis, a debilitating and irreversible lung disease. This occupational health hazard significantly reduces the productive lifespan of laborers. Implementing strict safety protocols and protective equipment is essential to mitigate such respiratory risks within the primary economic sector.

3. (A) 1 and 2 only
Industrial safety and the conversion of raw materials are defining characteristics of the secondary sector. This sector transforms primary products into finished goods through manufacturing and construction. In India, while it provides significant employment, its contribution to the national GDP has historically trailed behind the tertiary sector. Ensuring occupational health in factories is a major focus for sustainable industrial growth.

4. (A) Mineral Ore Processing
Processing mineral ore is an industrial activity categorized under the secondary sector because it involves manufacturing and refining raw materials. In contrast, the tertiary sector focuses on providing intangible services such as banking, healthcare, and information technology. Understanding these distinctions is crucial for analyzing the economic structure and the specific health needs of the labor force within each area.

5. (A) Both A and R are true and R is the correct explanation of A.
Economic growth is heavily dependent on the quality of the workforce, which is enhanced through systematic investment in human capital. Health and education serve as the primary pillars that increase the efficiency, creativity, and overall productivity of laborers. When individuals are better educated and physically fit, they contribute more effectively to the national output, thereby driving sustainable economic development.

6. (A) Health and education represent capital yielding future returns.
This economic framework posits that expenditures on health and education are not mere consumption but investments that yield future returns. By improving the skills and physical well-being of the population, a nation creates an intangible asset known as human capital. This asset leads to higher wages for individuals and increased productivity for the economy, fostering long-term prosperity and growth.

7. (B) 2-3-1-4
Developing human capital follows a logical lifecycle starting with early childhood nutrition to ensure proper physiological growth. This is followed by formal schooling in the primary and secondary stages to build basic literacy. Subsequently, vocational training provides specific job-ready skills, while higher education offers specialized knowledge. Each stage builds upon the previous one to create a highly capable workforce.

8. (B) An increase in “healthy time” available for economic work.
Allocating resources toward healthcare reduces the frequency and duration of illnesses among the population. This leads to an increase in the total amount of time an individual can participate in economic activities without interruption. By minimizing sick leaves and physical debility, health investments directly expand the labor

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73. Occupational health in the "Secondary Sector" primarily deals with:
(A) Soil fertility
(B) Crop rotation
(C) Industrial safety and ergonomics
(D) International trade laws

74. "Productivity Loss" due to ill health can be measured by:
(A) The number of new hospitals built by the state.
(B) The total number of enrolled medical students.
(C) The increase in the market price of local food.
(D) The value of output lost due to worker absence.

75. Investment in "Child Health" is considered an investment in human capital because:
(A) It ensures a healthy and productive future workforce.
(B) It provides immediate jobs for specialized pediatricians.
(C) It reduces the overall population growth rate.
(D) It increases the national consumption of toys.

76. "Health Literacy" is most closely related to which of the following Sustainable Development Goals (SDGs)?
(A) SDG 13 (Climate Action)
(B) SDG 3 (Good Health) and SDG 4 (Quality Education)
(C) SDG 14 (Life Below Water)
(D) SDG 15 (Life on Land)

77. Which of the following is an economic dimension of "Health Tourism"?
(A) It increases the domestic burden of disease.
(B) It generates foreign exchange and creates service jobs.
(C) It discourages local patients from seeking care.
(D) It reduces the number of medical colleges.

78. The Pharmaceutical Industry contributes to the economy through:
(A) Research, manufacturing, and international exports.
(B) Reducing the total need for medical doctors.
(C) Decreasing the lifespan of the population.
(D) Eliminating the need for health insurance.

79. "Public Expenditure on Health" in a national context refers to spending by:
(A) Private insurance companies only.
(B) International NGOs only.
(C) Central and Regional/State Governments combined.
(D) Individual households.

80. A healthy population contributes to "GDP Growth" by:
(A) Increasing the death rate.
(B) Lowering the labor supply.
(C) Increasing the dependency ratio.
(D) Increasing the "Total Factor Productivity".

81. Which of the following is an INCORRECT Pair?
(A) Primary Sector – Agriculture
(B) Secondary Sector – Manufacturing
(C) Tertiary Sector – Mining
(D) Tertiary Sector – Banking

82. "National Health Accounts" help in:
(A) Deciding the names of new local hospitals.
(B) Evidence-based policy for health financing.
(C) Calculating doctors leaving the country.
(D) Setting the price of gold on the market.

83. Which of the following is a "Social Sector" target?
(A) Increasing steel production.
(B) Reducing the number of airports.
(C) Decreasing foreign direct investment.
(D) Universalization of primary education.

84. "Demographic Dividend" can turn into a "Demographic Disaster" if:
(A) Employment, health, and education are lacking.
(B) The youth population is healthy and skilled.
(C) The population becomes significantly older.
(D) The birth rate decreases rapidly over time.

85. Which of the following is a "Skill Development" initiative related to the health sector?
(A) Crop insurance schemes
(B) Broadband connectivity expansion
(C) Training of community health workers (e.g.,

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the physiological health status of individuals. Consequently, a healthier person exhibits greater labor productivity and efficiency, which eventually translates into higher personal income and contributes to the overall growth of the national economy.

18. (B) Health sector's contribution to GDP
The total monetary value of all healthcare services and goods produced within a nation's borders represents the health sector's direct contribution to the economy. This includes activities in hospitals, pharmaceutical manufacturing, and medical research. Monitoring this value helps policymakers understand the scale of the healthcare industry and its role in generating employment and supporting the broader economic infrastructure.

19. (D) Pharmaceutical Industry
The pharmaceutical industry in certain nations has gained global prominence by producing high-quality generic medicines at affordable prices. This sector plays a crucial role in international healthcare by ensuring that essential drugs are accessible to developing countries. Such contributions not only improve global health outcomes but also generate significant export revenue, cementing the country's reputation as a medical supplier.

20. (A) P-3, Q-1, R-2, S-4
National policies and initiatives aim to integrate various aspects of health into the economic framework. Health tourism attracts international patients, while the AYUSH sector promotes traditional medicine systems. Strategic policies like the National Health Policy 2017 set expenditure targets to strengthen infrastructure. Combined with skill development programs, these efforts enhance the quality of the workforce and the national health.

21. (C) Clinical, research, pharmaceutical, and support staff
Employment in the healthcare industry spans a wide range of roles beyond clinical practitioners. It includes laboratory researchers, pharmaceutical manufacturers, hospital administrators, and various support staff who maintain medical facilities. This diverse workforce is essential for the delivery of comprehensive health services and contributes significantly to the tertiary sector, providing job opportunities across different skill levels in the economy.

22. (A) Competitive pricing and skilled medical professionals
Many developing nations attract international patients by offering high-quality medical treatments at a fraction of the cost found in Western countries. This competitive pricing, combined with the availability of highly skilled doctors and advanced technology, makes these regions popular destinations for medical tourists. This influx of foreign patients generates substantial revenue and creates numerous jobs in healthcare sectors.

23. (D) 1, 2, and 3
Traditional medicine systems like Ayurveda and Yoga are integrated into national health strategies to provide holistic care. These sectors contribute to the economy not only by improving public health but also through the export of herbal products and wellness services. Recognizing these systems allows for a diversified healthcare approach that utilizes indigenous knowledge to meet the population's needs.

24. (B) National Health Accounts (NHA)
National Health Accounts serve as a comprehensive framework for tracking the flow of funds within a country's healthcare system. This document details who pays for services, where the money goes, and what types of care are provided. By providing a clear picture of health financing, it enables governments to develop evidence-based policies and ensure resources are used effectively.

25. (B) Both A and R are true but R is not the correct explanation of A.
Historically, public spending on health in many regions has been relatively low, leading to a reliance on private payments. High out-of-pocket expenditure occurs when individuals must pay for medical services directly rather than through government programs. While these two facts are related, the low public spending results from fiscal priorities, whereas high individual costs describe the financing outcome.

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supply and enhance the overall efficiency and earning potential of workers.

9. (C) The stock of well-being that enables economic production.
Health is viewed as an essential stock of physical and mental well-being that enables individuals to perform productive work. Unlike physical machinery, this form of capital is embodied within the person and determines their capacity for labor. Maintaining this stock through proper nutrition and medical care is fundamental for ensuring that the population remains a valuable economic asset.

10. (A) P-2, Q-4, R-1, S-3
Each economic sector presents unique health challenges based on the nature of work performed. Agricultural laborers face pesticide poisoning, while industrial workers are prone to accidents during manufacturing. Mining is linked to respiratory dust diseases, and the services sector often involves mental stress or ergonomic issues. Mapping these risks allows for targeted occupational health interventions to protect the workforce.

11. (A) Increased workforce participation and general efficiency
The primary economic benefit of a healthy population is the enhancement of labor efficiency and higher rates of workforce participation. Healthy individuals can work longer hours and perform tasks more effectively, which boosts the total output of the economy. This reduction in morbidity ensures that the labor force remains active and contributes consistently to various sectors, fostering growth.

12. (B) Malnutrition causes deficits that reduce lifetime earnings.
Nutritional deficiencies during early development can cause permanent physical and cognitive impairments. These deficits limit a person's ability to learn and perform complex tasks, ultimately reducing their earning potential throughout adulthood. Addressing malnutrition is therefore a critical economic strategy, as it ensures that children grow into productive adults who can contribute fully to the national income and development.

13. (D) 1, 2, and 3
Health literacy involves the capacity to obtain and process basic health information needed to make appropriate decisions. When individuals understand how to manage their well-being, they utilize healthcare services more efficiently, leading to better outcomes and lower costs for the state. This awareness is a vital component of human capital, directly influencing the productivity and economic resilience.

14. (A) GDP growth per capita
National data consistently shows that improvements in population health are linked to higher levels of economic output per person. Better health leads to increased life expectancy and lower infant mortality, which correlates with stronger fiscal performance. As people live longer and healthier lives, they accumulate more experience and skills, which drives innovation and sustained growth in GDP.

15. (A) Both A and R are true and R is the correct explanation of A.
Education empowers individuals with the knowledge required to make informed choices regarding their health. Those with higher educational attainment are generally more aware of hygiene, nutrition, and the importance of regular medical check-ups. Consequently, they are more likely to adopt healthy lifestyles and preventive measures, which significantly improves overall health outcomes and reduces the burden of disease.

16. (D) Creation of a skilled and employable workforce
The education sector acts as a service industry that transforms the population into a skilled and employable workforce. By providing technical knowledge and soft skills, it enables individuals to participate in high-value economic activities. This transformation is a direct contribution to the national product, as a capable labor force is the primary driver of industrial and service expansion.

17. (A) 3-2-4-1
The process begins with access to quality education, which fosters better health awareness and nutritional choices. These informed decisions lead to a measurable improvement in

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achieving social stability, economic prosperity, and sustainable development.

35. (A) Both A and R are true and R is the correct explanation of A.
Health and education are deeply interconnected, as improvements in one area often lead to gains in the other. For instance, educated mothers are more likely to seek prenatal care and ensure their children are vaccinated, which lowers infant mortality rates. This synergistic relationship highlights the importance of integrated policies that address both sectors simultaneously to achieve optimal human development.

36. (A) Hearing loss from heavy industrial machine operation
In the secondary sector, workers frequently operate heavy machinery that generates high noise levels. Prolonged exposure to such environments without adequate ear protection can lead to permanent hearing loss. This is a classic example of an occupational health hazard associated with industrial and manufacturing processes. Protecting workers from these physical risks is essential for maintaining a healthy and productive workforce.

37. (C) The increase in lifetime earnings per year of schooling.
Economic returns to education represent the additional income an individual can expect to earn for each additional year of schooling completed. This concept measures the productivity gains and skill enhancements that education provides. Generally, higher levels of education are associated with significantly higher lifetime earnings, reflecting the increased value that a more skilled worker brings to the labor market.

38. (A) Health growth aids GDP via services and manufacturing.
The health sector is a significant component of the economy, contributing to the gross domestic product through both manufacturing and service activities. Pharmaceutical production and medical services generate value and create employment. Additionally, a healthy population is more productive, which indirectly supports growth in all other sectors. Therefore, investing in health fosters long-term and sustainable economic development.

39. (D) Improving the efficiency of healthcare delivery systems.
Ensuring that the healthcare workforce has the necessary skills is vital for delivering high-quality and efficient medical services. Well-trained professionals can diagnose illnesses accurately and provide effective treatments, which speeds up patient recovery and their return to work. This efficiency reduces the overall cost of care and maximizes the positive impact of health on the national productivity.

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40. (A) P-4, Q-3, R-2, S-1
Different health interventions lead to specific economic benefits. Reducing morbidity decreases the number of workdays lost to illness, while improved nutrition enhances the cognitive development of children. Universal health coverage protects households from financial risks, and health tourism brings in valuable foreign exchange. Mapping these impacts demonstrates how health contributes to diverse aspects of national economic stability and prosperity.

41. (C) Tertiary sector
Health administration involves the management and coordination of healthcare systems, hospitals, and public health programs. As it focuses on providing organizational and managerial services rather than physical production, it is classified under the tertiary sector. This sector is crucial for ensuring that medical resources are utilized efficiently and that healthcare delivery meets the needs of the population effectively.

42. (D) Loss of productivity and increased treatment expenditure.
A high burden of disease negatively impacts the economy by reducing the available labor force and lowering individual productivity. When a large portion of the population is ill, significant resources are diverted toward treatment rather than productive investment. This leads to lost income for households and higher public spending on healthcare, which can hinder overall growth and perpetuate poverty.

services, countries can attract international consumers, which boosts the local economy and helps fund improvements in the national healthcare system, benefiting both visitors and domestic patients.

78. (A) Research, manufacturing, and international exports.
The pharmaceutical industry contributes to economic growth through the research, development, and manufacturing of essential medicines. This sector is a major source of innovation and international exports, providing high-value jobs and generating significant revenue. By supplying affordable drugs globally, the industry also supports public health efforts, demonstrating the important link between industrial activity and the well-being of populations.

79. (C) Central and Regional/State Governments combined.
Public expenditure on health includes all the money spent by central and regional governments to provide medical services and support public health programs. This funding is essential for maintaining hospitals, providing vaccinations, and ensuring all citizens have access to basic care. Analyzing this expenditure helps in understanding the government's commitment to health and the effectiveness of national health policies.

80. (D) Increasing the "Total Factor Productivity".
A healthy population contributes to economic growth by increasing total factor productivity. This means that with a healthier workforce, the economy can produce more output from the same amount of labor and capital. Healthy individuals are more efficient, innovative, and capable of working for longer periods. This improvement in the quality of human capital is a key driver of growth.

81. (C) Tertiary Sector – Mining
Economic sectors are classified based on the nature of the activities involved. The primary sector focuses on the extraction of natural resources, such as agriculture and mining. The secondary sector involves manufacturing and industrial production. The tertiary sector provides services, including banking and healthcare. Mining is correctly placed in the primary sector, so classifying it as tertiary is an error.

82. (B) Evidence-based policy for health financing.
National Health Accounts are essential for developing evidence-based health financing policies. By tracking where money comes from and how it is spent, these accounts provide a clear picture of the efficiency and equity of the healthcare system. This information allows governments to allocate resources more effectively and to design programs that improve access to care and reduce financial burdens.

83. (D) Universalization of primary education.
A key target for the social sector is the universalization of primary education. This goal ensures that all children have access to basic schooling, which is a fundamental step in building human capital. By investing in education, societies can reduce inequality and prepare their citizens for more productive lives, which is essential for long-term social development and economic growth.

84. (A) Employment, health, and education are lacking.
The potential benefits of a demographic dividend can only be realized if the working-age population is healthy, educated, and has access to productive employment. If these conditions are not met, a large youth population can lead to high unemployment and social instability. Therefore, investing in health and education is crucial for turning a demographic shift into economic prosperity.

85. (C) Training of community health workers (e.g., ASHAs)
Training community health workers, such as ASHAs, is a vital skill development initiative in the health sector. These workers provide essential services and health education in rural areas, improving the reach and effectiveness of the healthcare system. By equipping them with the necessary skills, governments can enhance public health outcomes and create employment opportunities that support national development goals.

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52. (A) Direct individual payments for non-insured care services.
Out-of-pocket expenditure refers to the direct payments individuals make to healthcare providers at the time of service. This occurs when medical costs are not covered by government programs or insurance. High levels of such spending can lead to financial hardship for households and can prevent people from seeking necessary care, highlighting the need for better health financing systems.

53. (C) Education improves hygiene and disease prevention.
Education is a powerful determinant of health because it provides individuals with the information needed to prevent diseases and maintain good hygiene. Educated people are more likely to understand medical advice and follow through with treatments. This direct link shows how investments in schooling lead to a healthier population, which in turn supports higher levels of productivity and economic development.

54. (A) An increase in the working-age population proportion.
A demographic dividend is the economic growth potential that arises when a population's working-age group becomes larger than the dependent group. This shift in age structure can lead to increased productivity and savings. However, realizing this dividend requires that the workforce is healthy, educated, and has access to jobs, making investment in human capital a top national priority.

55. (D) Promotion of wellness tourism and herbal exports
Traditional medicine and alternative therapies contribute to the economy by promoting wellness tourism and the export of herbal products. These sectors leverage indigenous knowledge to provide healthcare solutions that attract both domestic and international consumers. By developing these industries, countries can diversify their economic base and generate revenue while preserving their cultural heritage and improving the health of people.

56. (B) Positive
There is a strong positive relationship between health and labor productivity. Healthy workers are more energetic, less likely to take sick leave, and can perform their duties more efficiently. This increased capability leads to higher output for businesses and greater earnings for individuals. Consequently, improving the health status of the population is a vital strategy for fostering sustained growth.

57. (C) Allocating resources to improve population health status.
Investment in health involves allocating financial and human resources to improve the overall health status of the population. This includes spending on hospitals, preventive programs, and medical training. Such investments are intended to create a more resilient and productive workforce, which is essential for economic stability. By treating health as a valuable asset, nations ensure long-term growth and development.

58. (D) Future cognitive abilities and adult economic productivity.
Malnutrition in early childhood can have long-lasting effects on a person's cognitive and physical development. These impairments often lead to lower educational attainment and reduced productivity in adulthood. Therefore, addressing childhood nutrition is a critical economic investment, as it ensures that children can reach their full potential and contribute effectively to the workforce, breaking the cycle of poverty.

59. (A) It is the level ensuring quality and universal education.
The goal of spending six percent of the gross domestic product on education is considered the minimum level needed to provide quality schooling for all citizens. This target ensures that schools have adequate resources, such as trained teachers and modern facilities. Achieving this level of investment is crucial for building a strong foundation of human capital, which drives economic growth.

60. (B) Helps individuals make informed, cost-effective decisions.
Health literacy is economically important because it enables individuals to make informed decisions about their care, often leading to more cost-effective outcomes. People who understand health information are better at managing chronic conditions and using preventive services,

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which reduces the need for expensive emergency treatments. This increased efficiency in the use of medical resources benefits both individuals and states.

61. (B) Fiscal constraints and competing budgetary priorities.
Increasing government spending on health is often difficult for developing economies due to limited financial resources and other urgent budgetary needs. Governments must balance health spending with investments in infrastructure, education, and defense. These fiscal constraints mean that even when the need for healthcare is high, it can be challenging to allocate the necessary funds to meet national health targets.

62. (A) Service sector
The tertiary sector is commonly known as the service sector because it provides intangible products rather than physical goods. It includes a wide range of activities such as healthcare, education, banking, and transport. In modern economies, this sector often accounts for the largest share of the gross domestic product and is a major source of employment, reflecting the growing importance of services.

63. (C) Improved care quality aiding faster return to work.
Developing the skills of the healthcare workforce leads to more effective and efficient delivery of medical services. When doctors and nurses are better trained, they can provide higher-quality care, which results in faster recovery times for patients. This allows individuals to return to work sooner, thereby reducing productivity losses and enhancing the overall economic output of the nation.

64. (D) By preventing income loss and reducing medical debt.
Good health is a key factor in reducing poverty because it prevents the loss of income that occurs during illness. When people are healthy, they can work consistently and avoid the high costs of medical treatment. By reducing the risk of medical debt and ensuring that individuals remain productive, health improvements help families maintain financial stability and escape poverty cycles.

65. (C) Hazards from outdoor labor, dust, and pesticides.
Workers in the primary sector, which includes agriculture and mining, are often exposed to unique environmental hazards. These can include long hours of physical labor in outdoor settings, exposure to harmful pesticides, and the inhalation of dust during extraction. Addressing these specific risks through better safety regulations and healthcare is essential for protecting the well-being of the raw material producers.

66. (B) Physical capital is sellable; human capital is embodied.
Human capital is distinct from physical capital because it is internal to the individual and cannot be separated from them. While physical capital like machinery can be sold or traded, human capital consists of skills and health that are embodied in a person. Both forms of capital are necessary for economic growth, but human capital requires continuous investment in development.

67. (D) It encompasses health, education, and welfare services.
The social sector includes the various services that the government provides to support the well-being and development of its citizens. This encompasses health, education, and social welfare programs. These services are essential for building human capital and ensuring that all members of society have access to basic needs. Government regulation and funding are key to maintaining their accessibility and quality.

68. (A) Higher workforce participation and reduced absenteeism.
Investing in health yields significant economic benefits by increasing the number of people who are able to work and reducing absenteeism due to illness. A healthy labor force is more productive and can contribute more effectively to the national economy. These returns manifest as higher total output and income, demonstrating that spending on healthcare is a productive national investment.

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69. (C) To provide a complete picture of national health spending.
National Health Accounts provide a detailed and systematic record of all healthcare spending within a country. Their primary goal is to offer a clear picture of how funds are allocated and used across the health system. This information is vital for policymakers to assess the performance of the system and to make informed decisions about financing and resource allocation.

70. (A) Applying hygiene practices to prevent infection risks.
Health education aims to provide individuals with the skills and knowledge to take practical actions to protect their well-being. A competency-based outcome of this education is the ability to apply hygiene practices to reduce the risk of infection. By teaching these practical skills, health education empowers people to manage their own health effectively, which leads to better outcomes.

71. (D) Education increases the productive capacity of people.
In economic terms, viewing education as human capital means that schooling is an investment that increases a person's ability to produce value. Education provides the knowledge and skills necessary for more complex work, which leads to higher productivity and earnings. This enhancement of human capacity is a primary driver of economic growth, as a skilled population can innovate.

72. (B) Tertiary Sector
In most advanced and emerging economies, the tertiary or service sector is the largest contributor to the gross domestic product. This sector includes healthcare, education, finance, and information technology. As economies develop, they often shift from a focus on agriculture and manufacturing toward services. This transition reflects the increasing importance of knowledge and professional services in driving modern economic growth.

73. (C) Industrial safety and ergonomics
Occupational health in the secondary sector focuses on protecting workers from risks associated with manufacturing and construction. This includes ensuring industrial safety and addressing ergonomic issues to prevent injuries. By maintaining a safe working environment, companies can reduce accidents and health-related absences, which is essential for maintaining a productive industrial workforce and supporting the overall growth of the economy.

74. (D) The value of output lost due to worker absence.
Productivity loss due to poor health can be quantified by calculating the value of the output that is not produced when workers are absent or underperforming. This includes both the direct loss from sick days and the indirect loss from reduced efficiency while working. Measuring these losses helps economists understand the total impact of disease on the economy and development.

75. (A) It ensures a healthy and productive future workforce.
Investing in the health of children is a fundamental way to build human capital for the future. Healthy children are more likely to succeed in school and develop the skills needed for the workforce. By ensuring proper nutrition and medical care early in life, societies can prepare a more capable generation, which is essential for long-term economic stability and prosperity.

76. (B) SDG 3 (Good Health) and SDG 4 (Quality Education)
Health literacy is closely linked to Sustainable Development Goal 3, which focuses on good health, and Goal 4, which targets quality education. This concept emphasizes the importance of providing individuals with the knowledge they need to manage their health effectively. By improving health literacy, societies can achieve better health outcomes and more efficient use of educational and medical resources.

77. (B) It generates foreign exchange and creates service jobs.
Health tourism is an economic activity where international patients travel to another country for medical care. This industry generates foreign exchange and creates jobs in the service sector. By offering high-quality and affordable medical

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95. (C) Prevention of work-related injuries and diseases.
Occupational health is a field focused on preventing injuries and diseases that are related to a person's work environment. This includes ensuring safety in factories, reducing exposure to harmful substances, and addressing ergonomic issues. By protecting the health of workers, companies can maintain a more stable and productive labor force, which is vital for the success of individual businesses.

96. (D) Medical Device Manufacturing
The manufacturing of medical devices is a key part of the secondary sector that supports the healthcare industry. This includes the production of equipment like surgical tools, imaging machines, and diagnostic kits. By creating these essential tools, the secondary sector enables the delivery of high-quality medical services, demonstrating the important link between industrial production and population well-being.

97. (B) 1960s
The recommendation to spend six percent of the gross domestic product on education in India was first proposed in the 1960s. This target was intended to ensure that the country could provide universal and high-quality schooling for its citizens. While achieving this goal has remained a challenge, it continues to be a key objective for building a strong national human capital.

98. (B) Service diversification and wellness export promotion.
Traditional and alternative medicine systems contribute to the economy by diversifying the types of healthcare services available and promoting wellness tourism. These systems also support the export of herbal and traditional products, generating revenue and creating jobs. By integrating these practices, countries can provide more holistic care while leveraging their unique cultural knowledge for diverse and sustainable economic growth.

99. (D) More productive and efficient.
Treating health as a form of human capital implies that a healthy worker is a more productive and efficient asset to the economy. Healthy individuals are less likely to miss work and can perform their tasks with more energy and focus. This increased capability translates into higher output for employers and greater earnings for the worker, highlighting health's critical value.

100. (A) Ill health is a major cause of poverty.
There is a powerful link between poor health and poverty, as illness can lead to high medical costs and lost income. Sustainable Development Goal 1, which aims to end poverty, and Goal 3, which focuses on good health, are therefore closely connected. Improving health outcomes is essential for reducing the financial risks that push families into poverty and ensuring stability.

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86. (A) Poor health causes costs that push families into poverty.
Poor health is a major driver of poverty because the high costs of medical care can quickly deplete a family's savings. Additionally, illness often leads to lost income if the primary earner is unable to work. This combination of increased expenses and reduced earnings can trap families in a cycle of poverty, highlighting the importance of accessible healthcare.

87. (D) Addressing maternal needs for economic participation.
Addressing the specific health needs of women, such as maternal care, is a critical gender dimension of health that has significant economic impacts. When women are healthy, they are more likely to participate in the labor force and contribute to the national economy. Investments in female health also have positive effects on the well-being and future success of their children.

88. (B) Human capital
Spending on education is considered an investment in human capital because it enhances the skills, knowledge, and productive capacity of individuals. This form of capital is internal to the person and is essential for driving innovation and economic growth. By educating the population, a nation builds a more capable and versatile workforce that can adapt to the needs of modern economies.

89. (C) Tertiary sector
The tertiary sector is responsible for providing a wide range of healthcare services, including preventive, promotive, and curative care. This sector includes hospitals, clinics, and public health programs that work together to maintain and improve the health of the population. By delivering these essential services, the tertiary sector supports the well-being of the workforce and the overall economic stability.

90. (D) Cognitive impairment and frequent illnesses.
Malnutrition leads to productivity losses by causing cognitive impairments and making individuals more susceptible to frequent illnesses. These health issues can reduce a person's ability to learn and work effectively, leading to lower earnings throughout their life. Addressing nutritional deficiencies, especially in children, is therefore a vital economic strategy for ensuring a productive and capable workforce for the nation.

91. (A) Historical focus on other sectors and limited fiscal space.
Low public spending on health in many developing countries is often the result of limited financial resources and a historical focus on other sectors, such as infrastructure or defense. These fiscal constraints mean that governments must make difficult choices about how to allocate their budgets. As a result, public health infrastructure may remain underdeveloped, leading to greater private healthcare reliance.

92. (B) Mutually reinforcing
Health and education are mutually reinforcing because improvements in one often lead to gains in the other. For example, educated individuals are more likely to make healthy choices, while healthy students are better able to learn and succeed in school. This synergistic relationship means that integrated investments in both sectors lead to much greater improvements in human development and output.

93. (B) It views education and health as investments in future gains.
Human Capital Theory posits that investments in health and education are not just consumption but are essential for building the skills and well-being that drive future economic returns. By improving the quality of the labor force, these investments increase productivity and individual earnings. This theory highlights the importance of people as the primary source of value and growth.

94. (A) Delivery of medical and nursing services.
The tertiary sector plays a central role in the healthcare industry by delivering medical and nursing services to the population. This includes everything from routine check-ups to complex surgical procedures. By providing these services, the tertiary sector ensures that people remain healthy and productive, which is essential for the smooth functioning and continued growth of all other economic parts.

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(B) The percentage of women currently using modern contraceptive methods and family planning.
(C) Number of children born to a woman as she passes through childbearing years.
(D) The specific ratio of female births to male births recorded in a single calendar year.

9. Read the following statements and select the correct option.
Statement I: Replacement level fertility is the level of fertility at which a population exactly replaces itself from one generation to the next.
Statement II: In most developed countries, this level is considered to be a TFR of approximately 2.1.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

10. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): India has achieved the replacement level of fertility (TFR 2.1) at the national level as per recent health surveys.
Reason (R): The government has implemented strict one-child policy measures similar to those used in East Asia.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

11. According to the Demographic Transition Theory, what characterizes the first stage?
(A) Characterized by a low birth rate and a low death rate in a developed society.
(B) High birth and death rates resulting in low population growth.
(C) Characterized by a high birth rate alongside a rapidly falling death rate.
(D) Characterized by a falling birth rate and a consistently low death rate.

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12. Arrange the following stages of Demographic Transition in chronological order:
1. Low stationary stage (Low birth and death rates)
2. High stationary stage (High birth and death rates)
3. Late expanding stage (Falling birth rate and low death rate)
4. Early expanding stage (High birth rate and falling death rate)

(A) 2-4-3-1
(B) 2-3-4-1
(C) 4-2-3-1
(D) 1-2-3-4

13. What is the primary characteristic of the 'Early Expanding' stage of demographic transition?
(A) Death rates fall while birth rates remain high.
(B) Birth rates begin to fall sharply.
(C) Population growth becomes negative.
(D) Urbanization leads to a total collapse in fertility.

14. Which stage of the demographic transition is India currently considered to be in?
(A) Stage 1: High Stationary
(B) Stage 2: Early Expanding
(C) Stage 3: Late Expanding
(D) Stage 4: Low Stationary

15. Match the items in List I with those in List II and select the correct option.
List I: (Demographic Term)
P. Demographic Dividend
Q. Dependency Ratio
R. Age Structure
S. Population Policy
List II: (Key Concept)
1. Proportion of population in different age groups
2. Economic growth potential resulting from shifts in age structure
3. Ratio of non-working population to the working-age population
4. Guidelines to achieve population stabilization

(A) P-2, Q-3, R-1, S-4
(B) P-3, Q-2, R-4, S-1

CHAPTER 24
Demography and Migration

1. Which of the following best defines the term 'Demography'?
(A) The qualitative analysis of urban migration patterns and socio-economic shifts in developing nations.
(B) The statistical study of human populations, their size, and distribution.
(C) The study of geographical boundaries, topographical features, and their impact on global climate change.
(D) The historical analysis of political movements and administrative shifts within a specific territory.

2. What does the 'scope' of demography primarily encompass?
(A) Statistical trends in mortality and morbidity rates specifically within rural communities.
(B) Regional technological advancements and modern innovations in agricultural production.
(C) Socio-cultural studies of linguistic diversity and ethnic composition within a regional population.
(D) Population change determinants and consequences, including fertility, mortality, and migration.

3. Which statement regarding population growth is correct?
(A) Numerical change in inhabitants of a territory over a specific period of time.
(B) A metric calculated solely based on the total number of recorded live births in a year.
(C) An always positive value representing growth regardless of regional migration patterns.
(D) A count that excludes the impact of death rates on the total population change.

4. Which of the following is NOT a standard measure of population growth?
(A) Absolute increase
(B) Annual growth rate
(C) Urban literacy ratio
(D) Percentage decadal growth

5. Consider the following statements regarding Natural Growth Rate:
1. It is the difference between the Crude Birth Rate and the Crude Death Rate.
2. It includes the net effect of international migration.
3. It represents the growth of a population without accounting for movement in or out.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

6. How is the Crude Birth Rate (CBR) specifically defined?
(A) Number of live births per 100 women in the reproductive age group.
(B) Total number of children born to a woman during her lifetime.
(C) Number of births minus the number of infant deaths in a year.
(D) Number of live births per 1,000 persons in a mid-year population.

7. Identify the correct pair:
(A) Crude Death Rate — Deaths per 10,000 population
(B) Replacement Level Fertility — 2.1 children per woman
(C) Infant Mortality Rate — Deaths of children under 5 years
(D) Total Fertility Rate — Deaths per 1,000 live births

8. In the context of population dynamics, what does the 'Total Fertility Rate' (TFR) represent?
(A) The total number of live births in a country divided by the total female population in the census.

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43. (D) 1, 2, and 3
The pharmaceutical industry is a vital part of the global economy, particularly in countries that lead in the production of generic medications. This sector involves complex manufacturing processes, including the creation of active pharmaceutical ingredients. By exporting medicines worldwide, these industries generate substantial revenue and provide essential healthcare solutions, demonstrating the critical link between industrial manufacturing and public health.

44. (B) Health Financing Schemes
In National Health Accounts, health financing schemes are used to categorize the different ways that healthcare is funded. This includes government programs, private insurance, and out-of-pocket payments by individuals. Understanding these funding sources is essential for analyzing the equity and efficiency of a health system and for developing policies that ensure sustainable and affordable access for all.

45. (A) Both A and R are true and R is the correct explanation of A.
Maintaining the health of agricultural workers is essential for ensuring a stable food supply. Since farming often requires significant physical exertion, any illness or injury among the primary sector workforce can lead to a decline in crop yields and productivity. Therefore, investments in rural healthcare and nutrition are not only social imperatives but also critical for national economic security.

46. (A) Intellectual skills and health
Human capital encompasses the collective skills, knowledge, and health that individuals possess. Unlike physical or natural resources, this form of capital is built through education, training, and medical care. It is a critical driver of economic development because it enables people to innovate, solve problems, and perform labor more effectively, ultimately increasing the productive capacity of a nation.

47. (C) By providing teaching and training services.
The education sector is a major component of the tertiary sector because it provides intangible services such as teaching, training, and research. By educating the population, this sector prepares individuals for roles in various industries, thereby supporting the entire economy. The delivery of these educational services creates jobs for teachers while enhancing the overall quality and capability of the workforce.

48. (D) Vaccination programs
Preventive health investments focus on avoiding the onset of diseases rather than treating them after they occur. Vaccination programs are a prime example, as they protect individuals from infections and prevent large-scale outbreaks. These initiatives are highly cost-effective because they reduce the future need for expensive medical treatments and minimize the productivity losses associated with illness in society.

49. (C) It causes a loss of investment in professional training.
Brain drain occurs when highly skilled healthcare professionals migrate to other countries for better opportunities. For the home country, this represents a significant loss of the investment made in their education and training. It also leads to a shortage of doctors and nurses, which can weaken the local healthcare system and make it more difficult for citizens to access care.

50. (A) P-3, Q-2, R-1, S-4
Different occupations expose workers to specific health risks. Livestock farmers are at risk for zoonotic diseases, while IT professionals often suffer from repetitive strain injuries. Miners face respiratory issues like pneumoconiosis due to dust inhalation, and factory workers may experience heavy metal toxicity. Identifying these sector-specific hazards is crucial for developing effective occupational health policies to protect workers.

51. (D) Maximizing productivity through equal health opportunity.
Gender equality in health ensures that both men and women have equal access to the resources and care needed to maintain their well-being. From an economic perspective, this is essential for maximizing the productivity of the entire labor force. By addressing the specific health needs of women, societies can increase female workforce participation, which leads to higher national output.

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(C) P-2, Q-1, R-3, S-4
(D) P-4, Q-3, R-1, S-2

16. What does the term 'Demographic Dividend' specifically refer to?
(A) An increase in the elderly population requiring expanded social security and healthcare.
(B) A rapid increase in the crude birth rate due to improved nutrition and medical access.
(C) Economic benefit arising from a larger share of the working-age population.
(D) The large-scale redistribution of population from urban centers back to rural areas.

17. Which age group is typically considered the 'working-age population' in the context of India's demographic dividend?
(A) 0–14 years
(B) 15–59 years
(C) 60–75 years
(D) 76 years and above

18. Consider the following factors regarding India's Demographic Dividend:
1. It is a permanent feature that lasts for over a century.
2. It requires investments in health, education, and skill development to be realized.
3. India's window of opportunity is expected to last until around the mid-2050s.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

19. How is the 'Dependency Ratio' calculated?
(A) ((Population aged 0-14 + Population aged 60+) / Population aged 15-59) × 100
(B) (Number of children / Number of elderly) × 100
(C) (Working population / Total population) × 100
(D) (Number of migrants / Number of permanent residents) × 100

20. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.

Assertion (A): A declining dependency ratio is generally seen as an opportunity for economic growth.
Reason (R): It indicates that a larger portion of the population is in the productive age group relative to dependents.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

21. Which organization is responsible for conducting the decennial Census in India?
(A) Office of the Registrar General and Census Commissioner
(B) NITI Aayog
(C) Ministry of Health and Family Welfare
(D) National Sample Survey Office

22. What was the main objective of the National Population Policy (NPP) 2000?
(A) To achieve a stable population and zero growth by the year 2010.
(B) To mandate a strict two-child limit for all citizens through national legislation.
(C) To encourage rural-to-urban migration to boost national industrial production.
(D) Addressing unmet needs for contraception and healthcare infrastructure.

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23. Which of the following is a long-term objective of the National Population Policy 2000?
(A) Achieving replacement level TFR by 2005.
(B) Achieving a stable population by 2045.
(C) Reducing infant mortality rate to 50 per 1000.
(D) Increasing the marriage age of girls to 25.

24. Which type of migration involves moving from a village to a city in search of better employment?
(A) Rural-to-Rural migration
(B) Urban-to-Rural migration
(C) Rural-to-Urban migration
(D) Urban-to-Urban migration

25. Match the items in List I with those in List II and select the correct option.
List I: (Factor Type)
P. Push Factor

(A) It gives them a new national identity card for travel.
(B) Ability to buy subsidized food grains from any Fair Price Shop in India.
(C) It provides them with free travel on all national trains.
(D) It increases their daily wages automatically in the new city.

98. Which of the following is a 'gap' in health services for migrants?
(A) Excessive number of bilingual doctors in slum areas.
(B) Migrants having too many health insurance options.
(C) Healthcare being free and accessible everywhere for all seasonal workers.
(D) Language barriers in communication between healthcare providers and migrants.

99. The concept of 'Demographic Dividend' is closely related to which of the following?
(A) The age structure of the population.
(B) The total number of migrants.
(C) The crude death rate only.
(D) The literacy rate of the elderly.

100. Which of the following best describes the 'Natural Growth Rate' of a population?
(A) Growth due to international or regional migration only.
(B) Growth due to rapid industrial and economic development.
(C) Growth due to the difference between births and deaths.
(D) Growth due to the spontaneous formation of urban slums.

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33. Which of the following is a key finding regarding internal migration in India according to Census data?
(A) International migration is higher than internal migration.
(B) Marriage is the most common reason for migration among females.
(C) Men primarily migrate for the purpose of religious pilgrimage.
(D) Rural-to-rural migration has completely stopped in the 21st century.

34. A migrant worker is unable to use their state-specific health insurance card in a different state. This is an example of a gap in:
(A) Natural Growth Rate
(B) Demographic transition
(C) Replacement level fertility
(D) Portability of health schemes

35. Match the items in List I with those in List II and select the correct option.
List I: (Scheme/Concept)
P. One Nation One Ration Card
Q. Portability
R. Remittances
S. Urban Slums
List II: (Welfare Target)
1. Accessing benefits across state borders
2. Food security for migratory workers
3. Money sent back to home villages
4. Informal settlements of migrants
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-2, Q-3, R-1, S-4
(D) P-4, Q-1, R-2, S-3

36. How do 'remittances' generally impact health in rural areas?
(A) They decrease the ability of families to pay for private medical care.
(B) They cause a decrease in the overall literacy rate of the village.
(C) They provide financial resources for better nutrition and medical expenses.
(D) They lead to an immediate increase in the crude death rate.

37. Which of the following best describes the linkage between migration and the demographic dividend?
(A) Efficient redistribution of labor to areas with economic demand.
(B) Significantly reducing the total working-age population in the whole country.
(C) Only affecting the dependency ratio of the specific destination city involved.
(D) Preventing the implementation of the National Population Policy guidelines.

38. Consider the following characteristics of 'Urban Slums':
1. High population density and lack of basic sanitation.
2. Primarily inhabited by high-income internal migrants.
3. Increased vulnerability to infectious disease outbreaks.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

39. What is 'Crude Death Rate' (CDR) measured against?
(A) Number of hospital beds available.
(B) Per 1,000 individuals in the mid-year population.
(C) Total number of births in the same year.
(D) Per 100,000 individuals in the elderly age group.

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40. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Migrant workers often face higher health risks compared to the local sedentary population.
Reason (R): They are frequently excluded from local social security nets and live in unhygienic temporary conditions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

41. Which of the following is a primary goal of the 'One Nation One Ration Card' scheme?

(A) To provide free mobile phones and internet access to all internal migrants.
(B) To strictly limit migration from rural areas toward the major urban centers.
(C) To count the number of international tourists visiting India in a single year.
(D) Ensuring migrant food security by making PDS benefits portable.

42. Which demographic indicator is the most useful for comparing the fertility of different populations while controlling for age?
(A) Total Fertility Rate
(B) Crude Birth Rate
(C) Natural Growth Rate
(D) General Growth Rate

43. Which statement about India's TFR is INCORRECT?
(A) TFR has been declining over the last few decades.
(B) Every single state in India has already reached a TFR of 1.5.
(C) Urban TFR is generally lower than rural TFR.
(D) Education of women is negatively correlated with TFR.

44. Which of the following is NOT a challenge for the portability of health schemes in India?
(A) Lack of integrated digital health databases.
(B) Universal availability of interoperable digital health records.
(C) Variation in health benefits provided by different states.
(D) Difficulty in verifying the identity of seasonal workers.

45. Match the items in List I with those in List II and select the correct option.
List I: (Demographic Phase)
P. Stage 1
Q. Stage 2
R. Stage 3
S. Stage 4
List II: (Description)
1. Birth rates fall and death rates are low
2. Birth and death rates are both very low
3. Death rates fall while birth rates remain high
4. Both birth and death rates are high and fluctuating
(A) P-4, Q-3, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-1, R-3, S-2
(D) P-3, Q-4, R-1, S-2

46. What is the most appropriate description of 'Replacement Level Fertility'?
(A) The rate at which the total population grows by exactly 10% annually.
(B) The number of children required to ensure all parents have at least one son.
(C) Fertility level at which a population exactly replaces itself without migration.
(D) The birth rate required to offset the number of national international emigrants.

47. In a scenario where a country's working-age population is increasing while the dependency ratio is falling, what is the country likely experiencing?
(A) Demographic disaster
(B) Demographic transition stage 1
(C) Over-population crisis
(D) Demographic dividend

48. Consider these factors regarding 'Pull Factors' of migration:
1. Higher wages and better employment opportunities.
2. Availability of superior healthcare and educational facilities.
3. Lack of basic infrastructure in the village of origin.
Which of the statements given above are pull factors?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

49. Read the following statements and select the correct option.
Statement I: The 2011 Census is the most recent completed decennial census data available for India.
Statement II: The Census of India provides data only on the total population and ignores migration details.
(A) Statement I is correct, but Statement II is incorrect.

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(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

50. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Seasonal migration can lead to a gap in immunization for children of migrant workers.
Reason (R): Migrant families often move between different health jurisdictions where records are not shared.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

51. How does the 'age structure' of a population affect its future growth?
(A) High potential for future growth as more people enter reproductive years.
(B) An older age structure leads to an immediate and rapid increase in birth rates.
(C) Age structure has no significant impact on the economic productivity of a nation.
(D) Age structure is only relevant when calculating the death rate of the population.

52. What is the definition of 'Net Migration Rate'?
(A) The total number of people entering a country in a single calendar year.
(B) The number of people moving from rural to urban areas within a single state.
(C) Difference between immigrants and emigrants per 1,000 population.
(D) The total population growth minus the recorded natural growth rate of a nation.

53. Which of the following is a key data point provided by the Census regarding migration?
(A) The place of last residence and reason for migration.
(B) The exact salary of every migrant worker.
(C) The blood group of all internal migrants.
(D) Patterns of household expenditure on luxury services during transit.

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54. Which statement regarding the 'Dependency Ratio' is correct?
(A) It decreases as the number of children in the population increases.
(B) It increases when the proportion of the working-age population increases.
(C) It is only used to calculate the number of people living in slums.
(D) It measures the pressure on the productive part of the population to support others.

55. Match the items in List I with those in List II and select the correct option.
List I: (Factor)
P. Rural-Urban Migration
Q. Reverse Migration
R. Portability of Schemes
S. Remittances
List II: (Impact on Health)
1. Strain on urban public health infrastructure
2. Sudden pressure on rural health resources during emergencies
3. Improved access to healthcare for mobile populations
4. Increased household spending on health in home villages
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-1, Q-3, R-2, S-4
(D) P-4, Q-2, R-3, S-1

56. Which of the following is an INCORRECT statement about the National Population Policy 2000?
(A) It emphasizes voluntary and informed choice in family planning.
(B) It sets the goal of achieving a stable population by 2045.
(C) It makes sterilization mandatory for couples with more than two children.
(D) It aims to reduce the maternal mortality ratio.

57. Which factor is NOT typically associated with the 'push' of migrants from rural areas?
(A) Drought and crop failure.
(B) High pressure of population on land.
(C) Lack of basic social infrastructure like

Q. Pull Factor
R. Seasonal Migration
S. Reverse Migration

List II: (Specific Example)
1. Better medical facilities in cities
2. Lack of jobs in rural areas
3. Moving back to villages during COVID-19
4. Moving for harvesting work during specific months

(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

26. Which of the following is considered a 'Push Factor' for migration?
(A) Poverty and lack of land in rural areas.
(B) High wages in urban industries.
(C) Availability of prestigious educational institutions.
(D) Better entertainment and lifestyle options.

27. Read the following statements and select the correct option.
Statement I: 'Pull factors' are conditions in the destination area that attract people to move there.
Statement II: Natural disasters and political instability in the home region are classic examples of pull factors.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

28. Consider the following health vulnerabilities of migrant workers:
1. Poor living conditions in overcrowded temporary settlements.
2. Lack of access to local language health communication.
3. Lack of legal documentation preventing access to government clinics.

Which of the factors mentioned above contribute to migrant health issues?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

29. How does seasonal migration primarily affect the delivery of health services?
(A) Disrupting chronic disease treatment or immunization schedules.
(B) Increasing the accuracy of administrative health records in rural areas.
(C) Ensuring that migrants receive a double supply of medicines during transit.
(D) Eliminating the logistical need for mobile health clinics in remote zones.

30. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A): Urban slum formation is closely linked to rural-urban migration.
Reason (R): Cities often lack sufficient affordable housing and infrastructure to accommodate the influx of low-income migrants.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. In the context of migration, what does 'Reverse Migration' refer to?
(A) Movement from one highly developed country to another developed nation.
(B) Migration from the southern hemisphere toward the northern hemisphere.
(C) Daily commuting between a suburban home and a metropolitan workplace.
(D) Population movement from urban areas back to rural origins.

32. Which event triggered a significant wave of reverse migration in India?
(A) The Green Revolution of the 1960s.
(B) The 1991 Economic Reforms.
(C) The COVID-19 pandemic and subsequent lockdowns.
(D) The National Population Policy 2000.

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(D) The Census Act 1948

68. What is the main reason for 'Seasonal Migration'?
(A) Permanent relocation and resettlement to another foreign country.
(B) Moving to urban cities only for short-term weekend holiday trips.
(C) Response to periodic labor demands like harvest or construction cycles.
(D) Forced displacement due to permanently rising sea levels and flooding.

69. Which of the following is a health challenge specifically faced by 'migrant workers'?
(A) Occupational hazards and lack of workplace safety in the informal sector.
(B) Excessively high and comprehensive health insurance coverage.
(C) Mandatory health checkups conducted every week by the employers.
(D) Access to high-end private corporate hospitals in metropolitan areas.

70. Read the following statements and select the correct option.
Statement I: Internal migration in India is much larger in volume than international migration.
Statement II: Most internal migration in India occurs within the same state.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

71. Which of the following is NOT considered a major 'Push Factor' for rural-urban migration in India?
(A) Lack of educational opportunities in villages.
(B) Better environmental quality and air in cities.
(C) Underemployment in agriculture.
(D) Frequent natural disasters like floods.

72. What was the impact of 'Reverse Migration' on rural health services during the COVID-19 pandemic?
(A) It significantly reduced the burden on rural health infrastructure.
(B) It led to the immediate closure of all rural primary health centers.
(C) Sudden demand for screening, quarantine, and healthcare in villages.
(D) It had no measurable impact on the functioning of the rural health system.

73. The 'Demographic Dividend' window of opportunity refers to:
(A) The specific period when the national birth rate is at its highest.
(B) The time when the death rate is significantly higher than the birth rate.
(C) The total duration required to complete a national census survey.
(D) Period when working-age population is peak relative to dependents.

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74. Which of the following describes 'Natural Growth Rate' accurately?
(A) CBR - CDR
(B) CBR + CDR
(C) CBR / CDR
(D) (CBR - CDR) + Net Migration

75. What is the current status of India's Total Fertility Rate (TFR) based on recent national surveys like NFHS-5?
(A) It remains consistently high at a total fertility rate of 4.0.
(B) Reached approximately 2.0, below the replacement level.
(C) It is increasing every year according to recent demographic data.
(D) It is exactly 3.1 in all states regardless of socio-economic status.

76. Which of the following describes 'Urban Slums'?
(A) Planned residential areas equipped with all modern urban amenities.
(B) Overcrowded settlements lacking legal recognition and basic services.
(C) High-rise luxury apartments designed for international migrants.
(D) Small agricultural colonies located on the outskirts of the city.

77. Why is 'Portability' of health schemes important for migrants?

hospitals.
(D) Availability of modern shopping malls.

58. What is the most significant impact of the 'demographic dividend' window on a national economy?
(A) A surge in the labor supply and potential for increased savings.
(B) An increase in the total fertility rate.
(C) A mandatory reduction in the retirement age to 45.
(D) A total stop to all forms of internal migration.

59. If a researcher is studying the 'scope of demography', which of the following would be their primary focus?
(A) The chemical composition of soil found in local urban public parks.
(B) Quantitative study of births, deaths, and migration patterns.
(C) The evolution of grammatical structures in various regional languages.
(D) Geological mapping of tectonic plate movements and seismic activity.

60. Arrange the following steps in the typical process of urban slum formation due to migration:
1. Migrants settle in vacant or marginal lands due to lack of affordable housing.
2. Influx of low-skilled labor from rural areas to the city.
3. Gradual densification and lack of civic amenities lead to slum conditions.
4. Search for informal sector employment in the urban center.

(A) 2-4-1-3
(B) 1-2-3-4
(C) 4-2-1-3
(D) 2-1-4-3

61. What defines 'Crude Birth Rate' as 'crude'?
(A) It ignores the specific age or sex composition of the population.
(B) It is calculated using unverified and unorganized census data.
(C) It is a metric only used for developing and low-income countries.
(D) It entirely ignores the total number of live births in the region.

62. Which of the following is a direct consequence of a high 'Natural Growth Rate'?
(A) The total number of deaths significantly exceeds the number of births.
(B) The population becomes significantly older on average in the region.
(C) Population size increases rapidly, assuming no net migration.
(D) People completely stop migrating from the rural to the urban areas.

63. Which demographic indicator is specifically set at 2.1 to denote population stabilization?
(A) Crude Death Rate
(B) Infant Mortality Rate
(C) Maternal Mortality Ratio
(D) Total Fertility Rate

64. What does a 'Negative Natural Growth Rate' indicate?
(A) The number of immigrants is higher than emigrants.
(B) The population is exclusively composed of the working age group.
(C) The number of deaths is higher than the number of births.
(D) The birth rate is exactly 2.1.

65. Which of the following is a 'Pull Factor' for migration into a city?
(A) Severe political turmoil and unrest in the home district.
(B) Probability of finding regular work and better wages.
(C) Exhaustion of natural resources and soil fertility in the village.
(D) Systemic social discrimination and inequality in the place of origin.

66. What is the working-age population bracket in India as per demographic standards?
(A) 5–14 years
(B) 15–59 years
(C) 60–74 years
(D) 75–90 years

67. Which document outlines the strategy for population stabilization in India?
(A) National Population Policy 2000
(B) National Health Mission Document
(C) The Five Year Plan 1951

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metropolitan cities.
(C) High crime rates and safety concerns in the destination city.
(D) Religious fundamentalism and social pressure in the home village.

88. What is the impact of 'Remittances' on rural health?
(A) Families having significantly less money for daily food and supplies.
(B) It leads to the total abandonment of all rural public health clinics.
(C) Improved financial capacity for better healthcare and nutrition.
(D) It causes an immediate increase in the crude death rate of the village.

89. How is the 'Natural Growth Rate' of a population usually expressed?
(A) As a total number of individuals in the census.
(B) As a specific ratio of males to females in the area.
(C) As the square root of the regional crude birth rate.
(D) As a percentage or per 1,000 population.

90. Which of the following is a 'health vulnerability' of migrant workers in slums?
(A) Communicable diseases due to overcrowding and poor sanitation.
(B) Universal and excessive access to clean, safe drinking water.
(C) High social status and political power within the urban center.
(D) Lower rates of psychological stress due to high social status.

91. What characterizes the 'Low Stationary Stage' (Stage 4) of demographic transition?
(A) Consistently high birth rate and a very low death rate.
(B) Low birth and death rates, leading to a stable or slowly growing population.
(C) High birth rate and high death rate in an undeveloped society.
(D) Rapidly rising death rate and a simultaneously falling birth rate.

92. The National Population Policy 2000 aims to achieve a stable population by 2045. What does 'stable population' mean?
(A) A population that does not move away from its specific place of birth.
(B) Birth and death rates are in balance, resulting in zero growth.
(C) A population where every person has the exact same annual income.
(D) A population where only the elderly and retired citizens reside.

93. Which of the following is a common reason for migration among males in India?
(A) Work and Employment
(B) Marriage
(C) Religious conversion
(D) Climate change only

94. What does the term 'Age Structure' refer to?
(A) The physical height of individuals in a population.
(B) The number of years a person has lived in a city.
(C) The distribution of various age groups in a population.
(D) The average age at which people start migrating.

95. In demography, what is the 'Crude Death Rate'?
(A) The number of deaths per 1,000 live births.
(B) The number of deaths of infants under one year.
(C) The total number of deaths divided by the total number of births.
(D) The number of deaths per 1,000 persons in the population in a year.

96. Which of the following is an example of 'Rural-to-Rural' migration?
(A) Moving from a remote village to Mumbai for a job in a textile factory.
(B) Moving from the capital city of Delhi to a village for retirement.
(C) Moving to another village for agricultural labor during harvest.
(D) Moving from London to a village in Punjab for ancestral reasons.

97. What is the main benefit of the 'One Nation One Ration Card' for a migrant worker?

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(A) Ensuring access to health benefits regardless of location in the country.
(B) It allows them to carry heavy specialized medical equipment.
(C) It legally forces them to stay in one place for over 10 years.
(D) It helps in increasing the crude birth rate of the destination city.

78. Which of the following is a 'competency' required for managing migrant health?
(A) Ability to ignore the linguistic and cultural background of the patient.
(B) Strictly restricting migrants from entering public government hospitals.
(C) Inclusive health outreach targeting temporary labor colonies.
(D) Focusing only on the health requirements of permanent urban residents.

79. What is 'Replacement Level Fertility' numerically?
(A) 1.0
(B) 2.1
(C) 3.5
(D) 5.0

80. In the theory of Demographic Transition, the 'Late Expanding Stage' is marked by:
(A) Rising death rates.
(B) Constant high birth rates and high death rates.
(C) Declining birth rates and low death rates.
(D) Birth rates becoming lower than death rates.

81. Which factor contributes to the linkage between migration and the demographic dividend?
(A) Migration keep the national labor force stationary and stagnant.
(B) Moving labor from low-productivity rural areas to high-productivity urban sectors.
(C) Migration increases the dependency ratio of the whole country significantly.
(D) Migration prevents young people from entering the productive workforce.

82. What does 'Census' data provide regarding 'Internal Migration'?
(A) Only the statistical data of people moving out of the country permanently.
(B) The exact daily calorie intake of every recorded migrant in the nation.
(C) Statistical data on the specific religious affiliations of all seasonal migrants.
(D) Data on migration by place of birth and place of last residence.

83. Which of the following is a health service disruption caused by seasonal migration?
(A) Interruption of long-term treatments like DOTS for Tuberculosis.
(B) Significant increase in the total availability of doctors in the area.
(C) Higher rates of institutional delivery in rural village settings.
(D) Rapid decrease in the prevalence of water-borne infectious diseases.

84. What is the primary focus of 'Population Policy'?
(A) To increase the total number of people in the country as much as possible.
(B) To prevent people from moving between different states within the nation.
(C) Influencing population size, composition, and distribution toward desired goals.
(D) To count the number of trees and green spaces in established urban areas.

85. Which statement best explains the 'Push-Pull' theory of migration?
(A) People are pushed by negative factors at home and pulled by positive ones at the destination.
(B) People are pushed by attractive features and pulled away by negative features.
(C) Migration is a purely random process with no specific measurable causes.
(D) Push and pull factors only apply to large-scale international migration patterns.

86. Which age group's increase leads to a 'Demographic Dividend'?
(A) 0-5 years
(B) 15-59 years
(C) 65-80 years
(D) 80+ years

87. Which of the following is a significant 'Pull Factor' for a young professional?
(A) Total lack of electricity and modern utilities in the hometown.
(B) Better career growth opportunities in

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ANSWERS

1. (B) The statistical study of human populations, their size, and distribution.
   Demography is the scientific and statistical study of human populations across various parameters. It primarily involves analyzing the size, composition, and distribution of populations, alongside the dynamic processes that drive change, including fertility, mortality, and migration patterns. This quantitative approach is essential for understanding societal trends, resource allocation, and planning for various developmental and public health needs.

2. (D) Population change determinants and consequences, including fertility, mortality, and migration.
   The scope of demography covers the quantitative aspects of human populations and the factors influencing their change. It specifically focuses on the determinants and consequences of population dynamics, such as fertility, mortality, and migration. Understanding these components allows researchers to predict future population shifts and their subsequent impacts on socio-economic development, infrastructure requirements, and national resource management.

3. (A) Numerical change in inhabitants of a territory over a specific period of time.
   Population growth refers to the numerical change in the number of inhabitants within a specific territory during a defined period. This metric accounts for the balance between births, deaths, and the movement of people in and out of the area. It can be positive or negative, reflecting whether the total number of residents has increased or decreased over time.

4. (C) Urban literacy ratio
   Standard measures of population growth focus on changes in numbers over time, such as absolute increase, annual growth rate, and percentage decadal growth. Literacy ratios, particularly in urban settings, are socio-economic indicators rather than direct measurements of population volume or change. These demographic metrics are crucial for assessing how quickly a population is expanding or contracting within a region.

5. (C) 1 and 3 only
   The natural growth rate is calculated as the difference between the crude birth rate and the crude death rate. It represents the inherent growth of a population based solely on biological factors, without accounting for the net effects of international or internal migration. This indicator helps demographers understand how a population is changing through its own reproductive and survival patterns.

6. (D) Number of live births per 1,000 persons in a mid-year population.
   The crude birth rate is a fundamental demographic measure defined as the number of live births occurring in a year per 1,000 individuals in the mid-year population. It provides a simple way to assess fertility levels across different regions without adjusting for specific age groups or gender distributions. This metric is vital for tracking basic population growth trends.

7. (B) Replacement Level Fertility — 2.1 children per woman
   Replacement level fertility is the total fertility rate at which a population exactly replaces itself from one generation to the next, typically estimated at 2.1 children per woman. This value accounts for infant mortality and the fact that not all children will survive to reach reproductive age. Achieving this level is a key milestone for achieving long-term population stability.

8. (C) Number of children born to a woman as she passes through childbearing years.
   The total fertility rate represents the average number of children that would be born to a woman during her lifetime if she were to pass through her childbearing years experiencing the age-specific fertility rates of a given period. It is a more refined measure than the crude birth rate, offering insights into family size and future population growth potential.

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44. (B) Universal availability of interoperable digital health records.
The universal availability of interoperable digital health records would be a solution rather than a challenge for the portability of health schemes. Current obstacles include the lack of integrated databases, variations in state-level benefits, and difficulties in identifying seasonal workers. Establishing a unified digital framework is essential for ensuring that migrants can access healthcare services seamlessly as they move across states.

45. (A) P-4, Q-3, R-1, S-2
In Stage 1, both birth and death rates are high and fluctuating. Stage 2 sees falling death rates while birth rates remain high. Stage 3 is marked by falling birth rates as death rates remain low. Finally, Stage 4 features very low birth and death rates, leading to stability. This model explains how populations evolve alongside technological and social advancements during modernization.

46. (C) Fertility level at which a population exactly replaces itself without migration.
Replacement level fertility is the specific fertility level at which a population exactly replaces itself from one generation to the next, excluding the effects of migration. It is the birth rate required to maintain a stable population size over the long term. Usually set at 2.1 children per woman, this value accounts for the fact that some children do not survive.

47. (D) Demographic dividend
When a country experiences an increase in its working-age population while the dependency ratio is falling, it is entering a phase known as the demographic dividend. This structural shift provides an opportunity for rapid economic growth, as there are more producers relative to consumers. If the government provides sufficient jobs and training, this period can lead to significant national prosperity and development.

48. (A) 1 and 2 only
Pull factors are positive attributes at a destination that attract migrants, such as higher wages, better employment opportunities, and superior healthcare or educational facilities. In contrast, the lack of infrastructure in a village is a push factor that compels people to leave. Understanding these distinct drivers helps in planning for urban growth and addressing the needs of those moving to cities.

49. (A) Statement I is correct, but Statement II is incorrect.
The 2011 Census remains the most recent completed decennial census data available for India, as the 2021 exercise was delayed. It is incorrect to claim the Census ignores migration; it provides detailed data on migration patterns, including the place of last residence and reasons for moving. This information is critical for understanding demographic shifts and planning national infrastructure and services.

50. (A) Both A and R are true and R is the correct explanation of A.
Seasonal migration frequently leads to gaps in childhood immunization because families move between different health jurisdictions where records are not shared. This lack of data portability means that health workers in a new location may not know a child's vaccination history. Consequently, children of migrant workers are at a higher risk of missing essential doses, increasing their vulnerability to preventable diseases.

51. (A) High potential for future growth as more people enter reproductive years.
The age structure of a population significantly influences its future growth potential. A population with a high proportion of young people has a high potential for future growth as more individuals enter their reproductive years. This demographic momentum can lead to continued population expansion even if fertility rates decline. Conversely, an older age structure typically suggests a future slowdown in population growth.

52. (C) Difference between immigrants and emigrants per 1,000 population.
The net migration rate is a demographic measure defined as the difference between the number of immigrants and the number of emigrants per 1,000 population in a given year. It indicates whether a region is gaining or losing population through movement. A positive rate means more people are entering than leaving, while a negative rate signifies more people are departing.

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18. (B) 2 and 3 only
India's demographic dividend is not a permanent feature; it is a time-limited window of opportunity expected to last until the mid-2050s. To fully realize this potential, the nation must invest heavily in health, education, and skill development for its youth. Without these critical interventions, the surge in the working-age population might not translate into significant national economic gains.

19. (A) ((Population aged 0-14 + Population aged 60+) / Population aged 15-59) × 100
The dependency ratio is calculated by taking the sum of the population aged 0 to 14 and those aged 60 and above, dividing it by the working-age population (15 to 59 years), and multiplying by 100. This ratio indicates the pressure on the productive part of the population to support the young and the elderly within the society.

20. (A) Both A and R are true and R is the correct explanation of A.
A declining dependency ratio represents a significant economic opportunity because it signifies that a larger portion of the population belongs to the productive age group compared to dependents. With fewer children and elderly people to support per working adult, society can potentially increase its savings and investments. This structural shift is the foundational driver behind the concept of the demographic dividend.

21. (A) Office of the Registrar General and Census Commissioner
The Office of the Registrar General and Census Commissioner, under the Ministry of Home Affairs, is the nodal agency responsible for conducting the decennial Census in India. This organization oversees the massive logistical undertaking of collecting, processing, and publishing demographic, social, and economic data. The information gathered serves as a crucial foundation for government planning, policy formulation, and research.

22. (D) Addressing unmet needs for contraception and healthcare infrastructure.
The National Population Policy 2000 was designed with an immediate objective to address the unmet needs for contraception, healthcare infrastructure, and health personnel. It also aimed to provide integrated service delivery for basic reproductive and child healthcare. By focusing on these areas, the policy sought to improve health outcomes while simultaneously facilitating a voluntary transition toward a stable population.

23. (B) Achieving a stable population by 2045.
The long-term objective of the National Population Policy 2000 is to achieve a stable population by the year 2045. A stable population is one where birth and death rates are balanced, resulting in zero growth. This goal is intended to be consistent with the requirements of sustainable economic growth, social development, and environmental protection across the entire country.

24. (C) Rural-to-Urban migration
Rural-to-urban migration involves the movement of individuals from villages to cities, primarily driven by the search for better employment, higher wages, and improved living standards. This trend is a major component of urbanization and reflects the shift of labor from agricultural activities to industrial and service sectors. It often results in significant changes to the demographic landscape of cities.

25. (A) P-2, Q-1, R-4, S-3
Migration is driven by various factors: push factors like rural job shortages drive people away, while pull factors like better urban medical facilities attract them. Seasonal migration involves moving for specific labor needs, such as harvesting. Reverse migration, seen during the COVID-19 pandemic, involves returning to villages. Understanding these patterns is essential for addressing the specific needs of mobile populations.

26. (A) Poverty and lack of land in rural areas.
Push factors are negative conditions in a person's place of origin that compel them to leave. Poverty, lack of employment opportunities, and insufficient land for farming in rural areas are classic examples. These factors create economic pressure that forces individuals to seek better prospects elsewhere, typically in urban centers where they hope to find more stable income and resources.

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62. (C) Population size increases rapidly, assuming no net migration.
A high natural growth rate, assuming there is no net migration, leads directly to a rapid increase in the size of the population. This occurs because the number of births significantly exceeds the number of deaths within the region. Such rapid growth can place substantial pressure on national resources, infrastructure, and the environment, necessitating careful social and economic planning by governments.

63. (D) Total Fertility Rate
The total fertility rate is the demographic indicator specifically set at a value of 2.1 to denote replacement level fertility, which leads to population stabilization. At this rate, each generation of parents is replaced by an exactly equal number of children who survive to reproductive age. Achieving this benchmark is a primary goal of many national population policies to ensure sustainability.

64. (C) The number of deaths is higher than the number of births.
A negative natural growth rate indicates that the number of deaths in a population exceeds the number of live births during a given period. This results in an inherent decline in the population size, provided that migration does not offset the loss. This phenomenon is often observed in countries with very low fertility rates and an aging population structure.

65. (B) Probability of finding regular work and better wages.
A pull factor is a positive condition that attracts individuals to a new location. The probability of finding regular work and better wages in a city is a major pull factor for rural residents. While political turmoil and resource exhaustion are push factors that drive people away from home, economic opportunities in urban centers actively draw migrants seeking improved livelihoods.

66. (B) 15–59 years
In India, the working-age population is standardly defined as the group of individuals between the ages of 15 and 59. This segment is considered the economically productive part of society, contributing to the labor force and national development. Those younger than 15 or older than 59 are typically classified as dependents in demographic and economic dependency ratio calculations.

67. (A) National Population Policy 2000
The National Population Policy 2000 is the primary document outlining the comprehensive strategy for achieving population stabilization in India. It sets specific goals regarding fertility rates, maternal health, and infant mortality, aiming for a stable population by the year 2045. The policy emphasizes a voluntary and rights-based approach to family planning and reproductive health services to achieve its long-term objectives.

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68. (C) Response to periodic labor demands like harvest or construction cycles.
The primary reason for seasonal migration is to respond to periodic labor demands that fluctuate throughout the year. This often involves workers moving to different regions for short periods to participate in activities like agricultural harvesting or construction cycles. Once the work is completed, these individuals typically return to their homes, making this a temporary and circular form of population movement.

69. (A) Occupational hazards and lack of workplace safety in the informal sector.
Migrant workers face significant health challenges, including occupational hazards and a lack of workplace safety, particularly in the informal sector. Their temporary and often precarious employment conditions frequently leave them without adequate protection or insurance. These risks are compounded by poor living conditions and limited access to formal healthcare, making them more vulnerable to injuries and work-related illnesses.

70. (C) Both Statement I and Statement II are correct.
Internal migration in India is significantly larger in volume than international migration, involving hundreds of millions of people. Most of this internal movement occurs within the same state, often driven by marriage or the search for local employment. Understanding these patterns is essential for state-level planning and the delivery of social services to mobile populations across various districts and regions.

home to villages, supporting rural economies. Urban slums are the informal settlements where many migrants live. Together, these concepts illustrate the socio-economic dynamics and policy interventions required to support India's mobile workforce.

36. (C) They provide financial resources for better nutrition and medical expenses.
Remittances sent back by migrant workers provide essential financial resources for families in rural areas. This additional income often improves the household's ability to pay for better nutrition, private medical care, and overall hygiene. Consequently, remittances can lead to improved health outcomes and a higher standard of living for relatives remaining in the home village, offsetting some rural economic hardships.

37. (A) Efficient redistribution of labor to areas with economic demand.
Migration facilitates the linkage between the demographic dividend and economic growth by enabling the efficient redistribution of labor. It allows workers to move from areas with labor surpluses or low productivity to regions with high economic demand and better opportunities. This mobility ensures that the working-age population is utilized effectively, maximizing their contribution to the national gross domestic product.

38. (C) 1 and 3 only
Urban slums are characterized by high population density, a lack of basic sanitation, and inadequate access to clean water. These conditions make inhabitants particularly vulnerable to infectious disease outbreaks and chronic health issues. Typically inhabited by low-income internal migrants, these informal settlements represent a significant challenge for urban planners and public health officials tasked with ensuring equitable service delivery.

39. (B) Per 1,000 individuals in the mid-year population.
The crude death rate is a demographic measure that expresses the number of deaths occurring in a specific year per 1,000 individuals in the mid-year population. Like the crude birth rate, it is considered "crude" because it does not account for the age or sex distribution of the population, providing a broad overview of mortality within a given geographic area.

40. (A) Both A and R are true and R is the correct explanation of A.
Migrant workers frequently face higher health risks than sedentary populations due to their exclusion from local social security nets and their residence in overcrowded, unhygienic temporary housing. These factors, combined with occupational hazards in the informal sector, make them more susceptible to both communicable and non-communicable diseases. Their mobility further complicates their ability to access consistent and preventive medical care.

41. (D) Ensuring migrant food security by making PDS benefits portable.
The primary goal of the One Nation One Ration Card scheme is to ensure food security for migrant workers and their families. By making Public Distribution System benefits portable across the country, the policy allows beneficiaries to purchase subsidized food grains from any fair price shop in India. This initiative is vital for supporting the nutritional needs of India's highly mobile labor force.

42. (A) Total Fertility Rate
The total fertility rate is the most useful indicator for comparing the fertility levels of different populations because it controls for age distribution. Unlike the crude birth rate, which is influenced by the proportion of women in reproductive ages, the total fertility rate provides a standardized measure of the average number of children a woman would have during her lifetime.

43. (B) Every single state in India has already reached a TFR of 1.5.
While India's national total fertility rate has declined significantly, reaching replacement levels in many areas, it is incorrect to say that every single state has reached a level of 1.5. Substantial regional variations remain, with some states still having fertility rates above the replacement level. Generally, higher female education and urbanization are strongly associated with lower fertility rates across the country.

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27. (A) Statement I is correct, but Statement II is incorrect.
Pull factors are the attractive features or conditions in a destination area that draw migrants toward it, such as better jobs or superior education. In contrast, natural disasters and political instability are push factors because they drive people away from their homes. Distinguishing between these two types of factors is fundamental to understanding the motivations behind various migration patterns.

28. (D) 1, 2, and 3
Migrant health issues are exacerbated by overcrowded and unhygienic living conditions in temporary settlements, as well as linguistic barriers that hinder effective health communication. Furthermore, a lack of legal documentation often prevents these workers from accessing government clinics and social security benefits. Addressing these multifaceted challenges is crucial for improving the overall public health outcomes of mobile and marginalized populations.

29. (A) Disrupting chronic disease treatment or immunization schedules.
Seasonal migration creates significant challenges for healthcare delivery by disrupting the continuity of care. Frequent movement often leads to interrupted treatment for chronic diseases like tuberculosis or missed immunization schedules for children. Because health records are rarely portable across jurisdictions, migrant families may struggle to maintain consistent medical oversight, leading to poorer long-term health outcomes for these mobile workers.

30. (A) Both A and R are true and R is the correct explanation of A.
The formation of urban slums is intricately linked to rural-urban migration patterns. As cities experience a rapid influx of low-income migrants, they often struggle to provide sufficient affordable housing and basic infrastructure. Consequently, these migrants frequently settle in informal, overcrowded areas without proper sanitation or legal recognition. This mismatch between urban growth and infrastructure development creates significant public health challenges.

31. (D) Population movement from urban areas back to rural origins.
Reverse migration refers to the movement of people from urban centers back to their rural places of origin. This phenomenon is often triggered by economic crises, loss of employment, or major public health emergencies in cities. It contrasts with the more common rural-to-urban trend and can place sudden pressure on rural infrastructure and healthcare systems during large-scale return events.

32. (C) The COVID-19 pandemic and subsequent lockdowns.
The COVID-19 pandemic and the subsequent national lockdowns triggered a massive and unprecedented wave of reverse migration in India. As industries closed and daily wages vanished, millions of migrant workers in urban centers were forced to return to their home villages. This event highlighted the extreme vulnerability of the informal workforce and the critical need for portable social security benefits.

33. (B) Marriage is the most common reason for migration among females.
According to Indian Census data, marriage is the most common reason for migration among females, often involving movement between rural areas or from a village to a city. While males frequently migrate for work and employment, the socio-cultural practice of moving to a husband's home makes marriage the leading driver of internal migration volume for the female population.

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34. (D) Portability of health schemes
When a migrant worker cannot use their state-specific health insurance in another region, it demonstrates a significant gap in the portability of health schemes. Portability ensures that benefits are accessible regardless of geographic location. Without it, mobile populations lose their safety net when they move for work, making them highly vulnerable to medical expenses and discouraging the use of formal healthcare.

35. (A) P-2, Q-1, R-3, S-4
The One Nation One Ration Card scheme ensures food security for migratory workers, while portability allows benefits to be accessed across state borders. Remittances represent money sent

53. (A) The place of last residence and reason for migration.
The Indian Census provides essential data regarding migration by recording both the place of birth and the place of last residence for each individual. It also captures the primary reason for moving, such as marriage, work, or education. This statistical information allows demographers and policymakers to analyze movement patterns and address the specific socio-economic needs of internal migrant populations.

54. (D) It measures the pressure on the productive part of the population to support others.
The dependency ratio measures the economic pressure on the productive, working-age part of the population to support dependents, namely children and the elderly. A higher ratio indicates that each worker must support more non-working individuals, which can strain public resources and personal savings. This metric is a key indicator of a nation's socio-economic burden and potential for future economic growth.

55. (A) P-1, Q-2, R-3, S-4
Rural-urban migration often strains urban public health infrastructure, while reverse migration can pressure rural resources during emergencies. The portability of schemes improves healthcare access for mobile populations, and remittances often lead to increased household spending on health in home villages. These relationships highlight the complex ways in which population movement influences the delivery and financing of health services across different regions.

56. (C) It makes sterilization mandatory for couples with more than two children.
The National Population Policy 2000 emphasizes voluntary and informed choice in family planning and does not make sterilization mandatory for any citizens. Its primary goals include achieving a stable population by 2045, reducing maternal and infant mortality, and addressing unmet needs for reproductive health services. The policy focuses on empowerment and healthcare access rather than coercive measures to manage population growth.

57. (D) Availability of modern shopping malls.
Push factors are negative conditions that drive people away from rural areas, such as droughts, crop failures, and a lack of social infrastructure like hospitals. The availability of modern shopping malls is a pull factor characteristic of urban environments that attracts people to cities. Distinguishing between these helps demographers understand the motivations behind migration and the needs of arriving populations.

58. (A) A surge in the labor supply and potential for increased savings.
The most significant impact of the demographic dividend is a surge in the labor supply, which creates the potential for increased national savings and economic productivity. When a large portion of the population is in the productive age group, the economy can grow rapidly if investments in human capital and job creation are made. This period is a major opportunity.

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59. (B) Quantitative study of births, deaths, and migration patterns.
A researcher studying the scope of demography would primarily focus on the quantitative and statistical analysis of births, deaths, and migration patterns. These three processes are the core components that drive changes in population size, structure, and distribution. Demography excludes non-human factors like soil chemistry or geological movements, focusing instead on the characteristics and dynamics of human populations.

60. (A) 2-4-1-3
Urban slum formation typically begins with the influx of low-skilled labor from rural areas. These migrants search for informal work but, due to a lack of affordable housing, settle on vacant or marginal lands. Over time, the gradual densification of these areas combined with a lack of civic amenities leads to the development of poor living conditions known as slums.

61. (A) It ignores the specific age or sex composition of the population.
The birth rate is called "crude" because it is a broad measure that ignores the specific age or sex composition of the population. It simply relates the total number of live births to the total mid-year population. While useful for general comparisons, it does not account for the fact that only women in specific age groups are capable of childbearing.

long period, it will eventually stop growing and reach a stable, stationary size.

80. (C) Declining birth rates and low death rates.
The late expanding stage of demographic transition is characterized by declining birth rates and consistently low death rates. During this phase, population growth begins to slow down as societal changes, such as increased urbanization and better access to education and contraception, lead to smaller family sizes. Most developing nations, including India, are currently moving through or have entered this significant demographic phase.

81. (B) Moving labor from low-productivity rural areas to high-productivity urban sectors.
Migration contributes to the demographic dividend by moving labor from low-productivity rural areas to high-productivity urban sectors. This movement ensures that the working-age population is utilized in industries and services where they can contribute most effectively to economic growth. By balancing labor supply and demand across different regions, migration maximizes the economic benefits of a nation's favorable age structure.

82. (D) Data on migration by place of birth and place of last residence.
Census data on internal migration includes detailed information on individuals' place of birth and their place of last residence. This allows for the tracking of movement patterns across districts and states. It also captures the duration of residence at the current location and the reason for the move, providing a comprehensive statistical overview of how and why people migrate within India.

83. (A) Interruption of long-term treatments like DOTS for Tuberculosis.
Seasonal migration often leads to the interruption of long-term medical treatments, such as the Directly Observed Treatment Short-course for tuberculosis. When patients move between regions without portable health records, they may struggle to access their medication or continue their supervision. This disruption can lead to treatment failure, the development of drug-resistant strains, and increased transmission of infectious diseases in both areas.

84. (C) Influencing population size, composition, and distribution toward desired goals.
The primary focus of population policy is to influence the size, composition, and distribution of a population toward specific desired goals, such as sustainability and economic stability. These policies provide a framework for managing growth through interventions in health, education, and family planning. They aim to balance human needs with available resources to ensure the long-term well-being of the nation.

85. (A) People are pushed by negative factors at home and pulled by positive ones at the destination.
The push-pull theory explains migration as a result of negative factors at the place of origin that push people away and positive factors at the destination that pull them in. Common push factors include poverty and lack of jobs, while pull factors include higher wages and better services. This framework helps demographers understand the complex motivations that drive individual and group movement.

86. (B) 15-59 years
An increase in the 15 to 59 age group leads to a demographic dividend. This bracket represents the working-age population, who are the primary producers and savers in an economy. When this group grows larger than the dependent population of children and the elderly, it creates a unique window for accelerated economic development, provided there are sufficient jobs and human capital investments.

87. (B) Better career growth opportunities in metropolitan cities.
For young professionals, better career growth opportunities in metropolitan cities act as a significant pull factor. These urban centers offer a concentration of diverse industries, specialized roles, and higher salary prospects that are often unavailable in smaller towns or villages. The desire for professional advancement and networking typically draws skilled individuals toward major economic hubs where they can maximize their potential.

88. (C) Improved financial capacity for better healthcare and nutrition.
Remittances have a positive impact on rural health by improving the financial capacity of

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71. (B) Better environmental quality and air in cities.
Push factors are negative conditions in rural areas like underemployment, lack of education, and natural disasters that drive people to migrate. Better environmental quality and air in cities is generally not a push factor; in fact, many Indian cities suffer from poor air quality. Most people move to cities despite these environmental challenges, primarily for economic and educational opportunities.

72. (C) Sudden demand for screening, quarantine, and healthcare in villages.
During the COVID-19 pandemic, reverse migration led to a sudden and massive demand for health services in rural areas. Villages had to quickly organize screening, quarantine facilities, and medical care for millions of returning workers. This influx placed significant stress on the rural health infrastructure, which is often less equipped and staffed than urban systems, highlighting regional health disparities.

73. (D) Period when working-age population is peak relative to dependents.
The demographic dividend window of opportunity refers specifically to the period when a nation's working-age population is at its peak relative to its dependents. This structural advantage can lead to accelerated economic growth due to the high ratio of producers to consumers. For the dividend to be realized, the government must provide adequate health, education, and employment for this large workforce.

74. (A) CBR - CDR
The natural growth rate is accurately described as the difference between the crude birth rate and the crude death rate. This formula calculates the net change in a population's size resulting from biological factors alone, without including the impact of migration. It provides a fundamental measure of how a population is expanding or contracting through its own reproductive and mortality patterns.

75. (B) Reached approximately 2.0, below the replacement level.
According to the National Family Health Survey-5, India's total fertility rate has reached approximately 2.0, which is slightly below the replacement level of 2.1. This significant demographic achievement reflects the success of various health and social programs. While national fertility has declined, some regional variations persist, but the overall trend shows the country moving toward long-term population stabilization.

76. (B) Overcrowded settlements lacking legal recognition and basic services.
Urban slums are overcrowded, informal settlements that often lack legal recognition and basic services such as clean water, proper sanitation, and electricity. They typically develop in areas where the influx of migrants exceeds the availability of affordable housing. Living in these conditions exposes residents to higher health risks and social vulnerabilities, making them a major focus for urban development policies.

77. (A) Ensuring access to health benefits regardless of location in the country.
Portability of health schemes is essential for migrants as it ensures they can access medical benefits and services regardless of their location within the country. Since many social security programs are state-specific, mobile workers often lose coverage when they cross borders. Ensuring portability protects them from catastrophic health expenditures and allows for continuity of care as they move for work.

78. (C) Inclusive health outreach targeting temporary labor colonies.
Managing migrant health effectively requires inclusive health outreach that specifically targets temporary labor colonies and slum areas. Healthcare providers must be able to address linguistic and cultural barriers to ensure that migrants can access and understand medical information. Focusing on these vulnerable groups is a key competency for public health officials aiming to improve overall health outcomes in diverse urban settings.

79. (B) 2.1
Numerically, replacement level fertility is established at 2.1 children per woman. This specific value is slightly higher than 2.0 to account for infant mortality and the fact that not all children will survive to adulthood. When a population maintains this fertility rate over a

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9. (C) Both Statement I and Statement II are correct.
Replacement level fertility is the specific level of fertility required for a population to replace itself exactly between generations. In developed countries with lower mortality rates, this is generally recognized as a total fertility rate of 2.1. This benchmark ensures that the population size remains stable over time, assuming no significant impact from migration or changing survival rates.

10. (C) A is true but R is false.
Recent health surveys, such as the National Family Health Survey-5, indicate that India has achieved a replacement level of fertility at the national level. However, this progress is attributed to improved healthcare, education, and voluntary family planning rather than a strict one-child policy. Unlike some East Asian countries, India's demographic transition has relied on socio-economic development and reproductive health awareness.

11. (B) High birth and death rates resulting in low population growth.
The first stage of demographic transition, often called the high stationary stage, is characterized by both high birth rates and high death rates. This results in very low and unstable population growth. High mortality is usually due to poor sanitation, limited medical knowledge, and frequent food shortages, while high fertility serves as a societal response to ensure some children survive.

12. (A) 2-4-3-1
The demographic transition progresses through distinct phases: the high stationary stage with high birth and death rates, followed by the early expanding stage where death rates fall. Next is the late expanding stage as birth rates begin to decline, and finally, the low stationary stage where both rates are low. This sequence reflects the impact of industrialization and medical advancement.

13. (A) Death rates fall while birth rates remain high.
The early expanding stage is primarily marked by a significant decline in death rates while birth rates remain high. This divergence leads to rapid population growth, often referred to as a population explosion. Improved public health, better nutrition, and medical breakthroughs typically drive the drop in mortality during this phase, while cultural factors keep fertility levels elevated for a time.

14. (C) Stage 3: Late Expanding
India is currently categorized in the late expanding stage of demographic transition. In this phase, the country is witnessing a significant decline in birth rates alongside consistently low death rates. While the population continues to grow, the rate of increase is slowing down as the nation moves toward stabilization, reflecting broader improvements in education, healthcare, and economic development.

15. (A) P-2, Q-3, R-1, S-4
Demographic dividend refers to economic growth potential from age structure shifts, while the dependency ratio measures the non-working population relative to those of working age. Age structure describes the proportion of people in different age groups, and population policies provide guidelines for stabilization. These concepts are interconnected and help policymakers manage human resources effectively to enhance national economic productivity.

16. (C) Economic benefit arising from a larger share of the working-age population.
The demographic dividend refers to the economic growth potential that can result from shifts in a population's age structure. This occurs when the share of the working-age population is larger than the non-working-age share of the population. This period offers a unique window of opportunity for increased productivity, higher savings, and accelerated economic development if properly supported by investments.

17. (B) 15–59 years
In the context of India's demographic metrics and economic planning, the working-age population is typically defined as individuals between the ages of 15 and 59. This group is considered the productive segment of society, capable of contributing to the labor force and driving economic growth. Those outside this bracket, children and the elderly, are generally classified as dependents.

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families to afford better healthcare, nutrition, and housing. This inflow of money from migrant workers allows relatives in the home village to seek private medical treatment and invest in hygiene, which can lead to lower mortality rates and overall better health outcomes for the rural population.

89. (D) As a percentage or per 1,000 population.
The natural growth rate of a population is commonly expressed as a percentage or as a rate per 1,000 population. This standardized format allows for easy comparisons between populations of different sizes. It represents the inherent rate at which a population is increasing or decreasing due to the balance of births and deaths, providing a clear indicator of demographic trends over time.

90. (A) Communicable diseases due to overcrowding and poor sanitation.
A major health vulnerability for migrant workers in slums is the high prevalence of communicable diseases due to overcrowding and poor sanitation. Inadequate access to clean water and waste disposal systems facilitates the spread of infectious illnesses. These environmental hazards, combined with the stress of migration and limited access to formal healthcare, significantly increase the health risks faced by these urban populations.

91. (B) Low birth and death rates, leading to a stable or slowly growing population.
The low stationary stage, or Stage 4, is characterized by both low birth rates and low death rates. This leads to a stable or very slowly growing population. In this phase, societies are typically highly developed, with widespread access to healthcare, education, and family planning. Some countries in this stage may even face the challenge of a shrinking or aging population.

92. (B) Birth and death rates are in balance, resulting in zero growth.
In the context of national policy, a stable population refers to a state where birth and death rates are in balance, resulting in zero population growth. This equilibrium means the total number of people remains constant over time. Achieving this stability is often a long-term goal for governments to ensure that resource consumption and infrastructure development can be managed sustainably.

93. (A) Work and Employment
In India, work and employment are the most common reasons for migration among males. Men often move from rural areas to urban centers or from one state to another in search of better job opportunities and higher wages. This economic motivation is a primary driver of internal migration patterns and reflects the ongoing shift of labor toward industrial and service sectors.

94. (C) The distribution of various age groups in a population.
Age structure refers to the distribution of various age groups within a specific population. It is often visualized using a population pyramid and shows the proportion of children, working-age adults, and the elderly. Understanding the age structure is essential for predicting future population growth, assessing the dependency ratio, and planning for societal needs such as schools, healthcare, and pension systems.

95. (D) The number of deaths per 1,000 persons in the population in a year.
The crude death rate is a demographic metric defined as the number of deaths per 1,000 persons in a population over the course of a single year. It provides a generalized measure of mortality within a specific geographic area. Because it does not account for age-specific mortality risks, it is considered a basic or "crude" indicator of a population's health status.

96. (C) Moving to another village for agricultural labor during harvest.
Moving to another village for agricultural labor during harvest is a classic example of rural-to-rural migration. This type of movement often involves landless laborers or small farmers traveling to regions with higher agricultural demand for short periods. This horizontal migration is a major part of the seasonal labor market in India and is vital for the productivity of the agricultural sector.

97. (B) Ability to buy subsidized food grains from any Fair Price Shop in India.
The main benefit of the One Nation One Ration Card for a migrant worker is the ability to

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(A) Lack of calories
(B) Lack of water
(C) Lack of vitamins and minerals
(D) Lack of fiber

71. Which of the following is a correct pair?
(A) SBM - Space Research
(B) POSHAN - Heavy Industries
(C) NFHS - Forest Survey
(D) MUAC - Child Nutrition Screening

72. Which of the following is NOT a cause of stunting?
(A) Excessive consumption of clean water
(B) Poor maternal health and nutrition
(C) Inadequate infant and young child feeding practices
(D) Repeated bouts of infection like diarrhea

73. What is the economic impact of water pollution on the disease burden?
(A) High output in the local fisheries sector.
(B) High medical costs for water-borne illness.
(C) Lowered demand for public hospital care.
(D) Increased tourism in contaminated areas.

74. Which of the following is a primary objective of the Jal Jeevan Mission?
(A) Providing free household electricity.
(B) Rural drinking water via tap connections.
(C) Building roads in every village zone.
(D) Providing free internet for all farmers.

75. Which environmental factor is most closely linked to the spread of Malaria?
(A) Stagnant water and poor drainage.
(B) Excessive noise from heavy industry.
(C) Higher levels of carbon dioxide gas.
(D) Rapid erosion of fertile topsoil.

76. "Minamata disease" is an example of environmental health impact caused by:
(A) Lead poisoning
(B) Air pollution
(C) Mercury pollution
(D) Noise pollution

77. Which of the following is the most appropriate intervention to combat iodine deficiency at a population level?
(A) Providing iodine injections to everyone.
(B) Encouraging people to move to the coast.
(C) Banning the use of salt.
(D) Universal salt iodization.

78. Which of the following states is often cited for having made significant progress in reducing malnutrition through community involvement?
(A) Bihar
(B) Uttar Pradesh
(C) Kerala
(D) Odisha

79. The term "Anthropometry" refers to:
(A) Scientific study of human evolution.
(B) Study of human body measurements.
(C) Scientific study of ancient cultures.
(D) Precise measurement of air pressure.

80. Which of the following is an INCORRECT statement about the Global Hunger Index?
(A) Peer-reviewed report issued annually.
(B) Score of 0 to 100, where 0 is best.
(C) Focuses only on grain availability.
(D) Issued by Concern and Welthungerhilfe.

81. "Silicosis" is an occupational health hazard primarily seen in:
(A) Stone crushing and mining workers
(B) Software engineers
(C) School teachers
(D) Airline pilots

82. In the economic context of overnutrition, "obesity-related costs" include:
(A) Market cost of organic vegetables.
(B) Insurance premiums and chronic care.
(C) Gym membership fees for teenagers.
(D) Reductions in domestic utility bills.

83. Which of the following is a core component of the "Environmental Health" scope defined by WHO?
(A) Housing and urban development
(B) Fashion and clothing trends
(C) Stock market fluctuations
(D) Space exploration

84. How does poor sanitation affect the nutritional status of children?
(A) It has no measurable effect on nutrition.
(B) It raises appetite for healthy food items.

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CHAPTER 25
Malnutrition and Environmental Health

1. Which of the following best defines malnutrition according to international health standards?
(A) Imbalances in energy and nutrient intake.
(B) Insufficient caloric intake and body mass.
(C) High consumption of processed snack foods.
(D) Genetic factors affecting metabolic health.

2. Which concept primarily describes a state where an individual's diet does not provide adequate calories and protein for maintenance and growth?
(A) Overnutrition
(B) Hypervitaminosis
(C) Undernutrition
(D) Metabolic syndrome

3. Read the following statements regarding Stunting and select the correct option:
Statement I: Stunting is defined as low height-for-age.
Statement II: It is the result of long-term nutritional deprivation and recurrent infections.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

4. Match the nutritional deficiencies in List I with their corresponding impacts or conditions in List II and select the correct answer using the codes given below:
List I: (Nutritional Deficiency)
P. Vitamin A Deficiency
Q. Iron Deficiency
R. Iodine Deficiency
S. Protein Deficiency
List II: (Impact/Condition)
1. Anaemia
2. Night Blindness
3. Kwashiorkor
4. Goiter
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

5. Which of the following is the most accurate indicator used to identify 'Wasting' in children?
(A) Low weight-for-age
(B) Low weight-for-height
(C) Low height-for-age
(D) High Body Mass Index

6. Which term is used to identify a child who has a low weight for their age, reflecting both acute and chronic malnutrition?
(A) Stunted
(B) Wasted
(C) Underweight
(D) Obese

7. Consider the following statements regarding the Global Hunger Index (GHI):
1. It is calculated annually by the World Health Organization.
2. It uses four indicators: Undernourishment, Child Wasting, Child Stunting, and Child Mortality.
3. India's ranking has consistently been in the 'low' hunger category over the last decade.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 only
(C) 2 and 3 only
(D) 1, 2, and 3

8. Which of the following is NOT typically considered a cause of micronutrient deficiency, also known as 'hidden hunger'?
(A) High intake of green leafy vegetables
(B) Lack of dietary diversity
(C) Excessive consumption of energy-dense,

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nutrient-poor foods
(D) Poor absorption of nutrients due to infections

9. In the context of economic productivity, how does iron deficiency anaemia primarily impact the adult workforce?
(A) Increasing physical strength via metabolic shift.
(B) Reducing work capacity and cognitive function.
(C) Extending the natural lifespan of red cells.
(D) Decreasing the biological need for calorie use.

10. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R). Select the correct option:
Assertion (A): Obesity is increasingly becoming a significant economic burden in developing countries.
Reason (R): Overnutrition leads to non-communicable diseases that increase healthcare costs and reduce labor productivity.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

11. Which of the following statements regarding Vitamin A deficiency is INCORRECT?
(A) It is only found in urban populations with high-fat diets.
(B) It is a leading cause of preventable blindness in children.
(C) It increases the risk of disease and death from severe infections.
(D) It can be addressed through food fortification and supplementation.

12. What is the primary clinical manifestation of chronic iodine deficiency in a population?
(A) Scurvy
(B) Rickets
(C) Goiter
(D) Beriberi

13. Arrange the following steps of malnutrition measurement in a clinical setting in the correct sequence:
1. Comparing data with WHO growth reference standards.
2. Recording the age of the child.
3. Taking anthropometric measurements (Weight/Height).
4. Classifying the nutritional status (Normal, Moderate, or Severe).
(A) 2-3-1-4
(B) 3-2-4-1
(C) 1-2-3-4
(D) 4-3-2-1

14. What does the term "Double Burden of Malnutrition" refer to?
(A) Concurrent Vitamin A and D deficiencies.
(B) Malnutrition in both maternal parents.
(C) Combined undernutrition and overweight.
(D) High malnutrition in rural/urban zones.

15. A health worker uses a tri-colored tape to measure the Mid-Upper Arm Circumference (MUAC) of a child. If the measurement falls in the red zone, it indicates:
(A) The child is healthy.
(B) Severe Acute Malnutrition (SAM).
(C) The child is at risk of becoming overweight.
(D) Moderate stunting.

16. Match the malnutrition metrics in List I with their specific measurements in List II and select the correct answer using the codes given below:
List I: (Malnutrition Metric)
P. Wasting
Q. Stunting
R. Underweight
S. Severe Acute Malnutrition
List II: (Specific Measurement)
1. Height-for-age
2. Weight-for-height
3. MUAC less than 11.5 cm
4. Weight-for-age
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-1, S-4
(D) P-4, Q-1, R-2, S-3

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17. According to the National Family Health Survey (NFHS-5), which of the following trends was observed in India compared to NFHS-4?
(A) Slight stunting gains and higher obesity.
(B) Drastic height increases in adult males.
(C) Zero anaemia among all pregnant cohorts.
(D) Total elimination of childhood wasting.

18. Which of the following pairs is correctly matched regarding malnutrition burden in India?
(A) Kerala - Highest rate of severe wasting
(B) Punjab - Highest prevalence of goiter
(C) Bihar - High prevalence of stunting
(D) Rajasthan - Lowest underweight population

19. Consider the following statements regarding the POSHAN Abhiyaan:
1. It aims to reduce stunting, undernutrition, and anaemia among young children and women.
2. It targets a reduction in stunting by 2% per annum.
3. It is implemented by the Ministry of Environment, Forest and Climate Change.

Which of the statements given above are correct?
(A) 1 and 3 only
(B) 2 and 3 only
(C) 1 and 2 only
(D) 1, 2, and 3

20. The "economic cost of malnutrition" is best described as the sum of:
(A) Costs of food provided in state schemes.
(B) Total budget of the Ministry of Health.
(C) Market prices for vitamin supplements.
(D) Direct care and productivity losses.

21. Which program was primarily designed to improve the nutritional status of school-age children while also increasing school enrollment?
(A) Pradhan Mantri Fasal Bima Yojana
(B) Mid-Day Meal Scheme (PM POSHAN)
(C) Mission Shakti
(D) Atal Pension Yojana

22. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R). Select the correct option:
Assertion (A): The Public Distribution System (PDS) is a critical tool for ensuring food security in India.
Reason (R): It provides essential food grains at subsidized prices to vulnerable sections of society.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

23. Which of the following pairs is INCORRECTLY matched?
(A) Jal Jeevan Mission - Provision of tap water to households
(B) Swachh Bharat Mission - Open Defecation Free India
(C) SDG 2 - Zero Hunger
(D) GHI - Global Health Initiative

24. In terms of economic linkage, how does food security through the Public Distribution System (PDS) impact household health?
(A) It reallocates income to other health needs.
(B) It removes the need for other nutrition types.
(C) It causes mandatory drops in physical activity.
(D) It limits diet to staples to improve diversity.

25. Match the environmental factors in List I with their health impacts in List II and select the correct answer using the codes given below:
List I: (Environmental Factor)
P. Air Pollution
Q. Contaminated Water
R. Poor Sanitation
S. Occupational Hazards
List II: (Health Impact)
1. Cholera and Typhoid
2. Respiratory Infections
3. Worm Infestation
4. Silicosis
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-1, S-4

26. Environmental health is a branch of public health that focuses on:
(A) The study of genetic diseases only.

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(B) Human and environment interactions.
(C) Scaling the output of industrial chemicals.
(D) The study of deep-sea marine biology.

27. What is the estimated economic cost of air pollution-related health burdens in India?
(A) Output loss of about 1.36% of GDP.
(B) Negligible cost compared to industry.
(C) GDP increase due to health spending.
(D) Impact limited to metropolitan elites.

28. Consider the following statements regarding the Swachh Bharat Mission (SBM):
1. One of its primary objectives is to eliminate open defecation.
2. It has significant positive externalities on the health of children under five.
3. The economic returns of SBM are estimated to be much lower than the investment.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

29. Which of the following statements regarding water pollution and disease burden is INCORRECT?
(A) Diarrheal diseases result from unsafe water.
(B) Arsenic is a major chemical threat in water.
(C) Safe water reduces infant mortality rates.
(D) Pollution does not affect economic output.

30. According to World Bank estimates, for every dollar invested in sanitation, the economic return is approximately:
(A) $0.50
(B) $1.00
(C) $4.00 to $5.00
(D) $100.00

31. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R). Select the correct option:
Assertion (A): Climate change is expected to worsen the global burden of malnutrition.
Reason (R): Extreme weather events disrupt food production and increase the spread of infectious diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

32. The Jal Jeevan Mission aims to provide Functional Household Tap Connections (FHTC) to every rural household by:
(A) 2022
(B) 2024
(C) 2030
(D) 2047

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33. How does environmental degradation primarily trap populations in a "poverty-health nexus"?
(A) High health costs and reduced work ability.
(B) Cheap resources for general industrial use.
(C) Migration to urban areas with cleaner air.
(D) Low government need for medical oversight.

34. Match the SDG/Indicators in List I with their descriptions in List II and select the correct answer using the codes given below:
List I: (SDG/Indicator)
P. SDG 2
Q. SDG 6
R. SDG 3
S. MUAC
List II: (Description)
1. Clean Water and Sanitation
2. Zero Hunger
3. Good Health and Well-being
4. Nutritional screening tool
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

35. The economic dimension of occupational environmental health involves:
(A) Medical costs and lost workdays.
(B) Longer hours without safety gear.
(C) Entertainment for factory workers.
(D) Ignoring office noise pollution.

36. Read the following statements and select the correct option:
Statement I: The WHO Environmental Health framework includes monitoring air quality and water safety.
Statement II: These indicators are used to

measure the progress of nations toward sustainable development.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

37. Arrange the following goals in the correct chronological order of their target years (earliest to latest) in India's policy framework:
1. Achieving SDG 2 (Zero Hunger).
2. Target for Jal Jeevan Mission rural tap water.
3. Target for eliminating Tuberculosis (TB).
(A) 2-3-1
(B) 1-2-3
(C) 3-2-1
(D) 2-1-3

38. Which term refers to the health risks associated specifically with the workplace environment?
(A) Domiciliary health
(B) Recreational health
(C) Occupational environmental health
(D) Geriatric health

39. In the World Health Organization (WHO) framework, which of the following is considered a core environmental health indicator?
(A) Number of cinema halls per capita
(B) Gross National Happiness levels
(C) Average price of luxury vehicles
(D) Access to safe drinking water

40. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R). Select the correct option:
Assertion (A): India's progress toward SDG 2 (Zero Hunger) is vital for its overall economic development.
Reason (R): Nutritional security is a prerequisite for a productive workforce and human capital formation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

41. Which of the following would be a direct economic impact of the Jal Jeevan Mission?
(A) Increased time spent by women fetching water from distant sources.
(B) Reduction in medical expenses for water-borne diseases.
(C) Decrease in the manufacturing of water pipes.
(D) Increase in the use of bottled water in rural areas.

42. What is "Hidden Hunger"?
(A) Physical hunger felt during fasting.
(B) Micronutrient deficiency despite calories.
(C) Eating excessive calories in secret.
(D) Lack of restaurants in rural zones.

43. Consider the following statements regarding National Family Health Survey (NFHS-5) data for India:
1. Child stunting has decreased significantly in every single state.
2. Anaemia among women and children remains a major public health challenge.
3. Overweight and obesity are rising among both men and women.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

44. Goiter is primarily caused by the deficiency of which mineral in the diet?
(A) Iron
(B) Calcium
(C) Iodine
(D) Zinc

45. Which of the following is a significant economic challenge posed by the "Double Burden of Malnutrition"?
(A) Low health costs via balanced diets.
(B) High food supply causing deflation.
(C) Rural fitness industry expansion.
(D) Concurrent lifestyle and viral care.

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purchase subsidized food grains from any fair price shop in India. This ensures that they can maintain their food security even when they move across state borders for work. The scheme provides a portable safety net, helping to reduce hunger and nutritional vulnerability among mobile laborers.

98. (D) Language barriers in communication between healthcare providers and migrants.
A significant gap in health services for migrants is the presence of language barriers between healthcare providers and workers from different states. This communication difficulty can lead to misunderstandings regarding symptoms, treatment plans, and preventive care. Without bilingual staff or translation resources, migrants may receive lower-quality care or feel discouraged from seeking medical help in the urban centers where they work.

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99. (A) The age structure of the population.
The concept of the demographic dividend is closely related to the age structure of the population. It occurs when a shift in the distribution of age groups leads to a higher proportion of working-age individuals compared to dependents. This structural change provides an opportunity for increased economic output and savings, making the analysis of age structure vital for national development planning.

100. (C) Growth due to the difference between births and deaths.
The natural growth rate of a population is best described as the growth that occurs due to the difference between births and deaths. It represents the intrinsic increase or decrease of a population based solely on vital statistics, excluding the effects of migration. This measure is fundamental for understanding how a population's internal dynamics contribute to its overall change in size.

(D) State with very high stunting/wasting.

56. What is the focus of the "economic rationale" for POSHAN Abhiyaan?
(A) Early life investment for lower loss.
(B) Selling generic health supplements.
(C) Cutting total government employee counts.
(D) Raising taxes on all unhealthy food items.

57. Which of the following is an example of an environmental health indicator related to air quality?
(A) Average rainfall
(B) PM 2.5 concentration
(C) Soil pH levels
(D) Forest cover percentage

58. The "economic health burden" of climate change includes:
(A) Lowered seasonal costs for indoor heating.
(B) Heatwave-related loss and heatstroke.
(C) Higher crop yields across all global regions.
(D) Reduced needs for water purification tools.

59. Which organization provides the framework for Environmental Health Indicators used globally?
(A) World Health Organization
(B) World Trade Organization
(C) International Monetary Fund
(D) World Bank

60. Which condition is associated with a child who looks very thin for their height?
(A) Stunting
(B) Obesity
(C) Wasting
(D) Hypertrophy

61. What is the primary cause of environmental degradation leading to poverty?
(A) Heavy reliance on renewable energy.
(B) Strict environmental law application.
(C) High education in rural populations.
(D) Depletion of critical natural resources.

62. Which of the following is a major economic return of the Swachh Bharat Mission?
(A) Increased sales of luxury hygiene products.
(B) Tourism increases in industrial sector zones.
(C) Healthcare savings via lower diarrhea rates.
(D) Lower costs for building urban skyscrapers.

63. Occupational health hazards like "Byssinosis" are common in which industry?
(A) Information Technology
(B) Textile Industry
(C) Mining
(D) Banking

64. Which indicator in the Global Hunger Index specifically measures acute undernutrition?
(A) Child Mortality
(B) Child Stunting
(C) Undernourishment of adults
(D) Child Wasting

65. Iodine deficiency is most prevalent in which geographical area?
(A) Hilly and mountainous regions
(B) Coastal areas
(C) Deserts
(D) Areas with high volcanic activity

66. What is the scope of environmental health?
(A) Only monitoring indoor air quality.
(B) Only the study of wild animals.
(C) All external factors affecting persons.
(D) Purely the study of weather patterns.

67. Which of the following observations regarding malnutrition is accurate?
(A) Low weight-for-height suggests acute illness.
(B) All children in India are currently stunted.
(C) Malnutrition is only a biological issue.
(D) Pure rice diets are sufficient for growth.

68. What role does the Mid-Day Meal scheme play in the "economic linkage" of health?
(A) Reducing the subsidy on chemical fertilizers.
(B) Increasing the price of market vegetables.
(C) Providing jobs for only high-skilled workers.
(D) Improving attendance and nutrition levels.

69. In the context of NFHS-5, which group showed a high prevalence of anaemia?
(A) Only male residents in urban cities.
(B) Children, adolescent girls, and mothers.
(C) Only elderly groups above eighty years.
(D) Highly active professional sports athletes.

70. The "Hidden Hunger" concept is most closely linked to which of the following?

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46. Match the nutrition concepts in List I with their focus areas in List II and select the correct answer using the codes given below:
List I: (Nutrition Concept)
P. Underweight
Q. Stunting
R. Wasting
S. Overnutrition
List II: (Focus Area)
1. Height-for-age
2. Weight-for-age
3. Weight-for-height
4. Excessive calorie intake
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-1, S-4

47. Which measurement is NOT used to assess child malnutrition in standard anthropometric surveys?
(A) Height-for-age
(B) Blood Glucose Levels
(C) Weight-for-height
(D) Mid-Upper Arm Circumference

48. India's ranking in the Global Hunger Index (GHI) in recent years has typically placed it in which category?
(A) Low
(B) Moderate
(C) Serious
(D) Alarming

49. Given below are two statements: one is labelled as Assertion (A) and the other is labelled as Reason (R). Select the correct option:
Assertion (A): Indoor air pollution is a major health threat to rural women in India.
Reason (R): The use of traditional biomass fuels for cooking releases harmful pollutants.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

50. Productivity loss due to malnutrition is estimated to cost India approximately what percentage of its GDP annually?
(A) Less than 0.1%
(B) Around 2-3%
(C) Exactly 10%
(D) More than 25%

51. Consider the following statements about the Jal Jeevan Mission:
1. It is a central government initiative.
2. It aims to provide 55 liters of water per person per day.
3. It focuses only on urban metropolitan areas.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

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52. What is the primary objective of the "Zero Hunger" goal (SDG 2)?
(A) Provide organic food to every citizen.
(B) Ban global consumption of meat products.
(C) Ensure urban households have a garden.
(D) End hunger and improve global nutrition.

53. Which of the following is a clinical sign of Vitamin A deficiency?
(A) Bleeding gums
(B) Xerophthalmia
(C) Swollen joints
(D) Brittle bones

54. Read the following statements and select the correct option:
Statement I: Overnutrition can lead to Type 2 diabetes and cardiovascular diseases.
Statement II: Obesity is only a problem in high-income, developed countries.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

55. Which of the following describes a "high burden state" in the context of malnutrition in India?
(A) State with the highest literacy rate.
(B) State with the most urban hospitals.
(C) State that exports most food grains.

(C) It causes the child to grow much faster.
(D) Infections cause nutrient malabsorption.

85. Which of the following is an INCORRECT pair?
(A) Vitamin D - Rickets
(B) Vitamin B12 - Night Blindness
(C) Vitamin C - Scurvy
(D) Vitamin B1 - Beriberi

86. Which policy aims to provide food security by giving legal rights to subsidized food grains?
(A) Environment Protection Act, 1986.
(B) Right to Education Act, 2009.
(C) National Food Security Act, 2013.
(D) Consumer Protection Act, 1986.

87. Which of the following is a negative consequence of climate change on health?
(A) Lowered spread of vector-borne illness.
(B) Better air quality in industrial cities.
(C) Lower intensity of natural disasters.
(D) Increased heat-related morbidity.

88. The Mid-Upper Arm Circumference (MUAC) is measured on:
(A) The midway point of the left arm.
(B) The right arm shoulder region.
(C) The wrist of the dominant hand.
(D) The forearm near the hand area.

89. If a country improves its sanitation but its stunting rates remain high, what could be a likely missing factor?
(A) Lack of access to satellite television.
(B) Too much daily cardiovascular exercise.
(C) Lower levels of industrial pollution.
(D) Poor maternal nutrition and diversity.

90. The SDG target 2.2 specifically aims to end all forms of:
(A) Poverty
(B) Malnutrition
(C) Unemployment
(D) Gender inequality

91. Which of the following is the most appropriate indicator for chronic malnutrition?
(A) Low height-for-age
(B) Low weight-for-height
(C) High body fat percentage
(D) Low blood pressure

92. What is the primary focus of the "Jal Jeevan Mission - Har Ghar Jal"?
(A) Construction of large concrete dams.
(B) Cleaning all major rivers in India.
(C) Tap water connections for rural homes.
(D) School-only rainwater harvesting tools.

93. Which of the following is a significant contributor to air pollution in urban India?
(A) Excessive planting of trees
(B) Use of solar panels
(C) Walking and cycling
(D) Vehicular emissions

94. The term "environmental poverty" refers to:
(A) Lack of money for indoor cooling.
(B) Living in a house without gardens.
(C) Lack of access to clean water/air.
(D) Keeping too many indoor plants.

95. In the context of nutrition, "Biofortification" is:
(A) Chemical addition after food cooking.
(B) Breeding crops for nutritional value.
(C) Plastic packaging for shelf stability.
(D) Selling vitamins in local pharmacies.

96. Which of the following is a consequence of heavy metal contamination in water?
(A) Improved levels of child intelligence.
(B) Development of stronger bone density.
(C) Noticeable improvements in vision.
(D) Neurological damage and organ failure.

97. Which of the following describes the "economic burden" of disease?
(A) Total social cost and lost wages.
(B) Pharmaceutical sector gross profit.
(C) Monthly salary for medical doctors.
(D) Market price of medical textbooks.

98. The "POSHAN Maah" is celebrated every year in India in the month of:
(A) January
(B) March
(C) September
(D) December

99. Which of the following is a major environmental health risk in the "mining sector"?
(A) Exposure to dust and harmful gases.
(B) Sedentary behavior and desk work.

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(C) Excessive exposure to daily sunlight.
(D) General lack of daily physical activity.

100. Achieving SDG 2 (Zero Hunger) by 2030 requires:
(A) Focus only on increasing rice yields.
(B) Banning all imported food commodities.
(C) Reducing the total population count.
(D) Integrated nutrition and poverty reduction.

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ANSWERS

1. (A) Imbalances in energy and nutrient intake.
Malnutrition is a broad term encompassing deficiencies, excesses, or imbalances in energy and nutrient intake. It includes undernutrition, such as stunting and wasting, as well as overnutrition like obesity. International health standards emphasize that any significant deviation from balanced nutritional intake constitutes malnutrition, which affects physical development and long-term health outcomes globally for individuals and populations.

2. (C) Undernutrition
Undernutrition specifically refers to a state where dietary intake fails to provide the necessary calories and proteins required for bodily maintenance and growth. This condition manifests as wasting, stunting, or being underweight. It often results from insufficient food access, poor feeding practices, or frequent infections that increase nutrient needs while hindering proper physical development and long-term health.

3. (C) Both Statement I and Statement II are correct.
Stunting is characterized by a low height-for-age ratio, reflecting chronic nutritional deficiency and repeated infections. It indicates long-term deprivation that permanently impacts a child's physical and cognitive development. Addressing stunting requires improving maternal health, infant feeding practices, and sanitation to prevent recurrent illnesses that hinder growth during critical development phases, ensuring that children reach their full growth potential.

4. (A) P-2, Q-1, R-4, S-3
Vitamin A deficiency causes night blindness, while iron deficiency leads to anaemia. Iodine deficiency is the primary cause of goiter, and protein deficiency results in conditions like Kwashiorkor. These micronutrient and macronutrient imbalances have specific physiological consequences, highlighting the importance of dietary diversity and targeted supplementation programs to improve overall public health and ensure proper metabolic function across populations.

5. (B) Low weight-for-height
Wasting is identified through the weight-for-height indicator, reflecting acute nutritional stress or recent weight loss. It occurs when a child does not gain enough weight relative to their height or loses weight due to illness or sudden food shortages. Monitoring this metric is crucial for identifying children requiring urgent nutritional intervention and medical care to prevent serious health complications.

6. (C) Underweight
Underweight refers to children having low weight for their specific age. This composite indicator reflects both acute and chronic malnutrition, including stunting and wasting. It serves as a general marker of nutritional status in populations, though it does not distinguish between long-term growth failure and recent weight loss caused by illness, requiring further anthropometric assessment for precise diagnosis.

7. (B) 2 only
The Global Hunger Index uses four indicators: undernourishment, child wasting, child stunting, and child mortality. It is published annually by Concern Worldwide and Welthungerhilfe, rather than the WHO. India's ranking has typically been in the serious category, reflecting persistent challenges in addressing nutritional deficiencies among children and the broader population despite various government programs aimed at improving food security.

8. (A) High intake of green leafy vegetables
High intake of green leafy vegetables provides essential vitamins and minerals, helping to prevent hidden hunger. Conversely, lack of dietary diversity, excessive consumption of nutrient-poor foods, and nutrient malabsorption due to infections are primary causes of micronutrient deficiencies. Promoting diverse diets rich in vegetables and fruits is a key strategy

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multi-faceted policy responses to address deficiencies and excessive intake.

44. (C) Iodine
Goiter is primarily caused by a deficiency of iodine in the diet. The thyroid gland requires iodine to produce essential hormones; without it, the gland enlarges in an attempt to capture more of the mineral. This condition is prevalent in regions where the soil and water are iodine-poor, making salt iodization a critical and effective public health intervention globally.

45. (D) Concurrent lifestyle and viral care.
The double burden of malnutrition presents an economic challenge as healthcare systems must concurrently manage diseases related to undernutrition and lifestyle-related non-communicable diseases. This requires a complex and costly dual approach to public health, straining resources that must address both infectious diseases in undernourished populations and chronic care for the overweight, increasing the total national health expenditure significantly.

46. (A) P-2, Q-1, R-3, S-4
Underweight is defined by low weight-for-age, while stunting is measured as low height-for-age. Wasting refers to low weight-for-height, indicating acute distress. Overnutrition involves excessive calorie intake leading to overweight or obesity. These specific metrics allow health professionals to distinguish between different types of nutritional imbalances and tailor their interventions accordingly to improve health outcomes and monitor population-level progress.

47. (B) Blood Glucose Levels
Standard anthropometric surveys use height-for-age, weight-for-height, and Mid-Upper Arm Circumference to assess child malnutrition. Blood glucose levels are typically used to screen for metabolic conditions like diabetes rather than as a primary indicator for stunting or wasting in general population surveys. Anthropometry remains the most common and effective field method for assessing child growth and nutritional health status.

48. (C) Serious
In recent years, India's ranking in the Global Hunger Index has consistently placed it in the serious category. This classification reflects significant challenges in reducing undernourishment and improving child health metrics. Despite economic growth, the persistence of serious hunger scores indicates a need for more effective implementation of nutritional and food security programs to ensure that no one is left behind.

49. (A) Both A and R are true and R is the correct explanation of A.
Indoor air pollution is a major threat to rural women who use traditional biomass fuels like wood or dung for cooking. These fuels release harmful smoke and particulates, leading to chronic respiratory diseases. Transitioning to cleaner fuels through government schemes is a key strategy to improve environmental health and reduce morbidity and mortality in rural households across the country.

50. (B) Around 2-3%
Malnutrition is estimated to cost India approximately two to three percent of its annual GDP due to lost productivity. This includes the impact of physical stunting on labor capacity and the effect of cognitive impairment on future earnings. Addressing malnutrition is therefore not only a health priority but also a critical economic strategy for national development and human capital enhancement.

51. (A) 1 and 2 only
The Jal Jeevan Mission is a central government initiative aiming to provide fifty-five liters of water per person per day to every rural household. Contrary to focusing on urban areas, its primary mandate is to ensure rural water security through functional tap connections, thereby improving health and hygiene standards in the country's vast rural regions and supporting overall development.

52. (D) End hunger and improve global nutrition.
The primary objective of Sustainable Development Goal Two is to end hunger, achieve food security, and improve global nutrition. It also aims to promote sustainable agriculture to ensure that food systems can meet the needs

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17. (A) Slight stunting gains and higher obesity.
The NFHS-5 data for India showed slight improvements in stunting but revealed a rise in obesity and overweight among adults. Anaemia also remains a widespread concern across various demographic groups. These trends indicate a shifting health landscape where traditional undernutrition persists alongside emerging challenges related to sedentary lifestyles and poor dietary choices, requiring multifaceted policy responses for better health.

18. (C) Bihar - High prevalence of stunting
Bihar consistently reports some of the highest prevalence rates of child stunting in India. Stunting reflects long-term nutritional deprivation and is influenced by factors like maternal health, sanitation, and food security. While other states face different health challenges, Bihar's high stunting rate highlights the urgent need for focused nutritional interventions and structural improvements to support child growth and development.

19. (C) 1 and 2 only
POSHAN Abhiyaan is India's flagship program to improve nutritional outcomes for children, pregnant women, and lactating mothers. It targets a two percent annual reduction in stunting and undernutrition. The Ministry of Women and Child Development implements this mission, emphasizing behavioral change, technological tracking, and convergence between various government departments to ensure that nutritional goals are met across the entire country.

20. (D) Direct care and productivity losses.
The economic cost of malnutrition encompasses direct expenditures for medical care and the indirect losses resulting from reduced physical and cognitive productivity. These costs reflect the long-term impact of early childhood deprivation on the future workforce and national economic growth. Reducing malnutrition is therefore seen as a high-return investment that strengthens a nation's human capital and future prosperity.

21. (B) Mid-Day Meal Scheme (PM POSHAN)
The Mid-Day Meal Scheme provides hot cooked meals to school children. Its primary objectives include improving the nutritional status of students and encouraging school enrollment and attendance. By addressing hunger in classrooms, the program supports cognitive development and educational outcomes, particularly for children from vulnerable backgrounds, while fostering a better environment for learning and social integration in schools.

22. (A) Both A and R are true and R is the correct explanation of A.
The Public Distribution System is a vital mechanism for ensuring food security by providing subsidized food grains to vulnerable populations. By making staples affordable, it helps protect low-income households from hunger and price volatility. This system serves as a safety net, ensuring that basic caloric needs are met for millions, which is foundational for maintaining public health and stability.

23. (D) GHI - Global Health Initiative
GHI stands for the Global Hunger Index, not the Global Health Initiative. It is a tool designed to comprehensively measure and track hunger at global, regional, and national levels. In contrast, the Jal Jeevan Mission and Swachh Bharat Mission focus on water and sanitation, while SDG Two specifically targets the global goal of achieving zero hunger and improving nutrition.

24. (A) It reallocates income to other health needs.
By providing subsidized staples, the Public Distribution System allows low-income households to reallocate their limited financial resources toward other essential needs, such as healthcare or more diverse foods. This income-shielding effect indirectly improves overall household well-being by reducing the trade-off between purchasing basic food and accessing medical services, education, or other critical requirements for a healthy life.

25. (A) P-2, Q-1, R-3, S-4
Air pollution is linked to respiratory infections, while contaminated water causes water-borne diseases like cholera and typhoid. Poor sanitation leads to worm infestations, and occupational hazards such as dust exposure result in silicosis. Understanding these specific links is essential for public health interventions aimed at reducing the environmental burden of disease and improving the quality of life for workers.

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and increased vulnerability to health risks. Sustainable resource management is essential for long-term poverty alleviation and environmental protection.

62. (C) Healthcare savings via lower diarrhea rates.
A major economic return of the Swachh Bharat Mission is the significant savings in healthcare costs achieved by reducing the incidence of diarrheal diseases. Improved sanitation prevents the spread of pathogens, leading to fewer hospitalizations and medical treatments. These savings, combined with improved work attendance, contribute to the high overall economic value of the mission for individuals and the nation.

63. (B) Textile Industry
Byssinosis is an occupational lung disease caused by the inhalation of cotton, flax, or hemp dust, and it is most common among workers in the textile industry. It is characterized by respiratory symptoms that are often worse at the start of the workweek. Improving ventilation and providing protective equipment are essential for preventing this occupational hazard and ensuring worker safety.

64. (D) Child Wasting
In the Global Hunger Index, child wasting is the specific indicator used to measure acute undernutrition. It reflects recent and severe weight loss, making it a sensitive marker for immediate nutritional crises. The GHI combines this with other metrics like stunting and mortality to provide a comprehensive view of the hunger situation in various countries and guide global policy and intervention.

65. (A) Hilly and mountainous regions
Iodine deficiency is most prevalent in hilly and mountainous regions where the soil has been leached of iodine by glaciation or heavy rainfall. Crops grown in these soils are iodine-deficient, leading to widespread deficiencies in the local population. Salt iodization is the most effective and sustainable way to provide this essential mineral to people living in these vulnerable geographical areas.

66. (C) All external factors affecting persons.
The scope of environmental health includes all external physical, chemical, and biological factors that can potentially affect a person's health. It goes beyond just air or water quality to include housing, waste management, and workplace safety. By addressing these external factors, public health efforts can prevent a wide range of diseases and significantly improve the overall quality of human life.

67. (A) Low weight-for-height suggests acute illness.
An accurate observation regarding malnutrition is that low weight-for-height suggests a state of acute illness or sudden nutritional deficiency. In contrast, stunting reflects long-term deprivation. Malnutrition is not just a biological issue but is deeply rooted in socio-economic factors, requiring a holistic approach that includes improved diets, health services, and better sanitation for all children in the population.

68. (D) Improving attendance and nutrition levels.
The Mid-Day Meal scheme plays a role in the economic linkage of health by improving school attendance and children's nutrition levels. Better nutrition enhances cognitive function and learning ability, which are critical for long-term human capital development. Educated and healthy individuals are more likely to find productive work, contributing to the nation's future economic growth and overall societal stability.

69. (B) Children, adolescent girls, and mothers.
NFHS-5 data highlights that children, adolescent girls, and pregnant women are the groups with the highest prevalence of anaemia in India. This deficiency is often caused by a lack of iron-rich foods and poor absorption. Targeting these vulnerable cohorts with supplementation and dietary education is a priority for reducing the country's overall disease burden and improving maternal and child health.

70. (C) Lack of vitamins and minerals
Hidden hunger is a concept specifically linked to the lack of essential vitamins and minerals in a person's diet, even if they consume enough calories to avoid physical hunger. These micronutrients are necessary for growth, immunity, and overall health. Addressing hidden hunger requires

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35. (A) Medical costs and lost workdays.
The economic dimension of occupational environmental health involves the costs associated with medical treatment for workplace injuries or illnesses and the value of lost workdays. Protecting workers from hazards like dust, chemicals, or noise reduces these financial burdens on both employers and employees, contributing to overall economic efficiency, improved labor welfare, and a more sustainable and healthy workforce.

36. (C) Both Statement I and Statement II are correct.
The WHO environmental health framework monitors indicators like air quality and water safety to assess environmental risks to public health. These indicators are also used to track progress toward international sustainable development goals. Integrating environmental monitoring with health data allows nations to implement evidence-based policies that protect their populations from hazards while measuring their progress toward long-term developmental targets.

37. (A) 2-3-1
The Jal Jeevan Mission target for rural tap water is twenty twenty-four, followed by India's goal to eliminate Tuberculosis by twenty twenty-five. The international target for achieving Sustainable Development Goal Two, which is Zero Hunger, is twenty thirty. Planning and prioritizing these milestones is essential for tracking national progress in health, development, and the overall well-being of the population.

38. (C) Occupational environmental health
Occupational environmental health specifically refers to the health risks and conditions associated with the workplace environment. It focuses on identifying and mitigating hazards such as chemical exposure, physical strain, or poor air quality in professional settings. Ensuring a safe workplace is a fundamental aspect of public health that protects the adult workforce and enhances productivity while reducing injury rates.

39. (D) Access to safe drinking water
Access to safe drinking water is a core environmental health indicator used by the World Health Organization to measure a population's vulnerability to diseases. Clean water is fundamental for preventing water-borne illnesses and ensuring basic hygiene. Monitoring this indicator helps global health authorities prioritize interventions in areas with inadequate infrastructure and high disease risk to improve overall health outcomes.

40. (A) Both A and R are true and R is the correct explanation of A.
Achieving Zero Hunger is vital for economic development because nutritional security is a prerequisite for human capital formation. A well-nourished population is more productive, experiences lower healthcare costs, and achieves better educational outcomes. Therefore, investments in nutrition are foundational to building a robust and efficient workforce capable of driving long-term economic growth and ensuring national stability and progress.

41. (B) Reduction in medical expenses for water-borne diseases.
A direct economic impact of the Jal Jeevan Mission is the reduction in household and national medical expenses related to water-borne diseases. By providing safe tap water, the initiative prevents illnesses like diarrhea and cholera, leading to significant savings for families and reducing the overall financial burden on the public healthcare system while allowing resources to be used elsewhere.

42. (B) Micronutrient deficiency despite calories.
Hidden hunger refers to micronutrient deficiency, where an individual consumes enough calories but lacks essential vitamins and minerals like iron, zinc, and vitamin A. This condition is often hidden because the physical symptoms of hunger are absent, yet the deficiency significantly impairs health, immune function, and cognitive development across all age groups, leading to long-term health and developmental challenges.

43. (B) 2 and 3 only
NFHS-5 data shows that while some progress was made in child stunting, it did not decrease significantly in every state. However, the survey confirmed that anaemia remains a major public health challenge, and obesity levels are rising among adults. These findings highlight the triple burden of malnutrition facing India, requiring

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26. (B) Human and environment interactions.
Environmental health focuses on the interactions between humans and their surroundings, examining how external factors influence health and well-being. It encompasses the assessment and control of environmental factors that can potentially affect health, including air quality, water safety, and sanitation. The goal is to create healthy environments that support human development and prevent disease through effective environmental management.

27. (A) Output loss of about 1.36% of GDP.
Studies estimate that the health burden from air pollution leads to a significant loss in economic output, approximately one point three six percent of India's GDP. This loss stems from premature deaths and morbidity, which reduce the available labor force and increase healthcare spending. Addressing air quality is thus a critical economic and public health priority for sustainable national development.

28. (A) 1 and 2 only
The Swachh Bharat Mission aimed to eliminate open defecation and improve sanitation across India. Success in this mission has significant positive externalities, particularly for the health of children under five, by reducing the transmission of diarrheal diseases. The economic returns from improved sanitation are estimated to far exceed the initial government investments, contributing to overall health and human productivity.

29. (D) Pollution does not affect economic output.
Water pollution significantly affects economic output by increasing the disease burden and reducing labor productivity. Unsafe water leads to diarrheal diseases and chemical threats like arsenic, which impact long-term health and development. Reducing water pollution is essential for lowering infant mortality and enhancing the overall economic potential of a population by ensuring a healthy and productive workforce for years.

30. (C) $4.00 to $5.00
The World Bank estimates that every dollar invested in sanitation yields an economic return of approximately four to five dollars. These returns result from reduced healthcare costs, fewer workdays lost to illness, and improved educational outcomes for children. High-return investments in sanitation are crucial for sustainable development, poverty reduction, and the long-term economic growth of developing nations and communities.

31. (A) Both A and R are true and R is the correct explanation of A.
Climate change is expected to increase the global burden of malnutrition as extreme weather events disrupt agricultural production and food supply chains. Additionally, changing climate patterns facilitate the spread of infectious diseases, which can impair nutrient absorption. These factors combined create a significant challenge for achieving global nutritional security and sustainable health outcomes for populations across various geographical regions.

32. (B) 2024
The Jal Jeevan Mission set a target to provide functional household tap connections to every rural household by the year twenty twenty-four. This initiative aims to ensure a reliable supply of safe drinking water, thereby improving public health and reducing the time spent by rural populations, particularly women, in collecting water from distant and often contaminated sources.

33. (A) High health costs and reduced work ability.
Environmental degradation traps populations in a poverty-health nexus by causing high medical expenses and reducing an individual's ability to work. Poor air and water quality lead to chronic illnesses that deplete household savings and limit income-earning potential. Breaking this cycle requires environmental interventions that protect health and preserve natural resources for sustainable livelihoods and long-term poverty alleviation efforts.

34. (A) P-2, Q-1, R-3, S-4
SDG Two focuses on Zero Hunger, while SDG Six aims for Clean Water and Sanitation. SDG Three addresses Good Health and Well-being. The Mid-Upper Arm Circumference is a nutritional screening tool used to identify acute malnutrition in children. These global goals and tools are integrated to improve human development, public health standards, and overall quality of life globally.

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of a growing population without degrading the environment. This goal is central to eliminating all forms of malnutrition by twenty thirty through integrated global efforts.

53. (B) Xerophthalmia
Xerophthalmia is a clinical sign of Vitamin A deficiency, progressing from night blindness to permanent eye damage if left untreated. Vitamin A is essential for maintaining healthy vision and immune function. Deficiencies are a major cause of preventable blindness in children, making supplementation and fortification vital components of public health strategies in many regions to ensure long-term health and child survival.

54. (A) Statement I is correct, but Statement II is incorrect.
Overnutrition leads to an increased risk of chronic conditions like Type 2 diabetes and cardiovascular diseases. Contrary to the misconception that it only affects high-income nations, obesity is rising rapidly in low- and middle-income countries due to dietary shifts. Managing this health transition requires public awareness and policies that promote balanced diets and active lifestyles for all segments of the population.

55. (D) State with very high stunting/wasting.
A high burden state in India refers to a state with very high rates of stunting, wasting, or other forms of malnutrition. These regions require prioritized government interventions and resources to address the underlying causes of nutritional deficiencies. Identifying these states helps in the effective allocation of budgets and the implementation of targeted health programs to reduce nutritional disparities across the nation.

56. (A) Early life investment for lower loss.
The economic rationale for POSHAN Abhiyaan is based on the idea that early life investment in nutrition leads to lower economic losses in the future. By preventing stunting and cognitive impairment in the first one thousand days of life, the program ensures a more productive workforce, ultimately contributing to higher national income and reduced healthcare costs for the whole society.

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57. (B) PM 2.5 concentration
PM two point five concentration is a critical environmental health indicator that measures the level of fine particulate matter in the air. High levels of these particles are linked to serious respiratory and cardiovascular problems. Monitoring PM two point five helps authorities assess air pollution risks and implement policies to protect public health in urban areas and reduce the disease burden.

58. (B) Heatwave-related loss and heatstroke.
The economic health burden of climate change includes increased morbidity and mortality from heatwaves and heatstrokes. Changing weather patterns also exacerbate the spread of vector-borne diseases and disrupt food security. These factors lead to higher medical costs and lost economic productivity, making climate adaptation a vital component of modern public health and economic planning to ensure long-term population health.

59. (A) World Health Organization
The World Health Organization provides the global framework for Environmental Health Indicators, which countries use to monitor and address environmental risks. This framework helps standardize the collection of data on air, water, and sanitation, allowing for international comparisons and the development of global strategies to reduce the environmental burden of disease and improve the overall well-being of all people.

60. (C) Wasting
Wasting is the condition associated with a child being very thin for their height, indicating acute malnutrition. It often results from a sudden lack of food or a recent bout of severe illness that causes rapid weight loss. Wasting is a critical indicator used to identify children who need immediate therapeutic feeding to prevent mortality and ensure a healthy recovery.

61. (D) Depletion of critical natural resources.
The primary cause of environmental degradation leading to poverty is the depletion of critical natural resources upon which many people depend for their livelihoods. When forests, soil, and water are degraded, the poor lose their primary assets, leading to reduced income

for maintaining health and preventing long-term nutritional health issues.

9. (B) Reducing work capacity and cognitive function.
Iron deficiency anaemia reduces the oxygen-carrying capacity of blood, leading to fatigue and diminished physical strength. In the workforce, this translates to reduced work capacity and impaired cognitive function, negatively affecting economic productivity. Improving iron levels through fortification or supplementation enhances labor efficiency and supports human capital development, which is essential for a nation's overall growth and prosperity.

10. (A) Both A and R are true and R is the correct explanation of A.
Obesity increases the prevalence of non-communicable diseases like diabetes and heart disease, leading to significant healthcare expenditures. These health issues also reduce labor productivity due to increased absenteeism and disability. Consequently, overnutrition poses a growing economic challenge for developing countries, requiring integrated public health strategies to manage dietary transitions and promote healthy lifestyles to reduce the financial burden.

11. (A) It is only found in urban populations with high-fat diets.
Vitamin A deficiency is a major cause of preventable childhood blindness and increases mortality from infections. It is predominantly found in impoverished populations rather than high-fat urban diets. Interventions like food fortification and supplementation are effective in addressing this deficiency, which remains a significant public health priority in many developing nations to ensure child survival and healthy development.

12. (C) Goiter
Goiter is the primary clinical manifestation of chronic iodine deficiency, resulting from the enlargement of the thyroid gland as it attempts to compensate for low iodine levels. Iodine is essential for the production of thyroid hormones, which regulate metabolism and brain development. Salt iodization is the standard global intervention to ensure adequate iodine intake and prevent these disorders in populations.

13. (A) 2-3-1-4
To measure malnutrition clinically, a health worker first records the child's age, then takes anthropometric measurements like weight and height. This data is compared against WHO growth reference standards to determine deviations from healthy growth. Finally, the nutritional status is classified as normal, moderate, or severe based on the degree of deviation observed, allowing for appropriate and timely medical intervention.

14. (C) Combined undernutrition and overweight.
The double burden of malnutrition describes the simultaneous presence of undernutrition and overnutrition within the same population, household, or individual. This phenomenon often occurs in countries undergoing rapid economic transitions, where traditional dietary patterns shift toward energy-dense, nutrient-poor processed foods while poverty persists. Managing both types of nutritional challenges requires a balanced and comprehensive approach to public health policy.

15. (B) Severe Acute Malnutrition (SAM).
Mid-Upper Arm Circumference measurements falling in the red zone indicate severe acute malnutrition. This screening tool uses color-coded tapes to quickly identify children at high risk of mortality who require immediate medical and nutritional treatment. The red zone signifies a measurement below eleven point five centimeters, reflecting critical muscle wasting and the urgent need for therapeutic feeding and care.

16. (A) P-2, Q-1, R-4, S-3
Wasting is measured by weight-for-height, while stunting is indicated by height-for-age. Underweight is determined by weight-for-age, and severe acute malnutrition is often screened using a Mid-Upper Arm Circumference of less than eleven point five centimeters. These anthropometric indicators provide a comprehensive assessment of nutritional status across different durations and severities, enabling targeted interventions to improve child health and survival.

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promoting dietary diversity and the consumption of fortified foods or supplements to ensure proper metabolic and cognitive function.

71. (D) MUAC - Child Nutrition Screening
The Mid-Upper Arm Circumference is correctly paired with child nutrition screening. It is a simple and effective tool used by health workers to identify children with acute malnutrition in various settings. Other pairs, like SBM with space research or POSHAN with heavy industries, are incorrect, as those missions focus on sanitation and nutrition respectively within the public health domain.

72. (A) Excessive consumption of clean water
Poor maternal health, inadequate infant feeding practices, and repeated infections like diarrhea are all major causes of stunting. These factors prevent a child from achieving their full height potential. Conversely, excessive consumption of clean water is not a cause of stunting; in fact, safe water is essential for preventing the infections that contribute to growth failure and poor nutritional outcomes.

73. (B) High medical costs for water-borne illness.
The economic impact of water pollution on the disease burden is primarily manifested through high medical costs for treating water-borne illnesses. Contaminated water leads to frequent outbreaks of diseases that strain public health resources and decrease the available work hours for affected adults. Investing in water purification and protection is thus a cost-effective strategy for ensuring national health and productivity.

74. (B) Rural drinking water via tap connections.
The primary objective of the Jal Jeevan Mission is to provide rural drinking water through functional household tap connections. By ensuring that every rural home has access to safe and adequate water, the government aims to improve hygiene and reduce the prevalence of water-borne diseases. This initiative is a cornerstone of rural development and modern public health policy in India.

75. (A) Stagnant water and poor drainage.
Stagnant water and poor drainage are the environmental factors most closely linked to the spread of malaria, as they provide breeding grounds for mosquitoes. Controlling these environmental risks through better sanitation and urban planning is crucial for reducing the incidence of vector-borne diseases. Public health efforts often focus on eliminating these habitats to protect vulnerable populations and ensure health safety.

76. (C) Mercury pollution
Minamata disease is a classic example of an environmental health disaster caused by mercury pollution. It was first identified in Japan after industrial mercury was released into a bay and accumulated in fish. Consuming the contaminated fish led to severe neurological damage in the local population, highlighting the dangers of toxic waste and the importance of strict environmental monitoring and protection.

77. (D) Universal salt iodization.
Universal salt iodization is the most appropriate and cost-effective intervention to combat iodine deficiency at a population level. Since salt is consumed by almost everyone in relatively constant amounts, adding iodine to it ensures widespread intake of this essential mineral. This strategy has successfully reduced the prevalence of goiter and other iodine deficiency disorders globally, improving brain development and metabolic health.

78. (C) Kerala
Kerala is frequently cited for its significant progress in reducing malnutrition through high literacy rates and strong community involvement. The state's focus on maternal health, education, and decentralized healthcare has led to some of the best nutritional outcomes in India. Kerala's model demonstrates the importance of social development in achieving long-term improvements in public health, nutrition, and overall life expectancy.

79. (B) Study of human body measurements.
Anthropometry refers to the scientific study and systematic measurement of the human body. In the context of nutrition, it involves recording height, weight, and other physical dimensions to assess growth and health status. These measurements are compared against standardized growth charts to identify malnutrition, making anthropometry an essential tool for public health monitoring,

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2. Openness in decision making
3. Rule of law and ethics
4. Involvement of stakeholders

(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

46. Which of the following was a major reason for replacing the Planning Commission with NITI Aayog?
(A) To centralize all health powers in New Delhi
(B) To adopt a "bottom-up" approach to planning
(C) To reduce the number of hospitals in India
(D) To increase the role of the Planning Minister

47. The "Governing Council" of NITI Aayog includes:
(A) State CMs and UT Lt. Governors
(B) Only Cabinet Ministers of the Union
(C) Only CEOs of private hospitals
(D) Only international health experts from WHO

48. Read the following statements regarding the NITI Aayog Health Index and select the correct option:
Statement I: It was developed in collaboration with the World Bank and MoHFW.
Statement II: Uttar Pradesh has consistently ranked as the top state in overall performance since inception.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

49. Which of the following is a "competency-based" role of the National Health Authority (NHA) in digital health?
(A) Manual filing of paper records
(B) Directing local sanitation
(C) Selling health insurance
(D) Implementation of ABDM

50. Which of the following best describes the "National Health Mission" governance?
(A) A single-window system controlled by the Prime Minister's Office
(B) A flexible framework for states
(C) A mandatory uniform policy for all districts without variation
(D) A purely urban-focused health infrastructure plan

51. Which of the following are the pillars of the National Health Policy 2017?
1. Universal Access to high quality health care services
2. Reduction in out-of-pocket expenditure
3. Nationalization of all private clinics

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

52. The Central Council of Health and Family Welfare is chaired by:
(A) Prime Minister
(B) NITI Aayog Vice-Chairman
(C) Cabinet Secretary
(D) Union Health Minister

53. Read the following statements about the Drugs Controller General of India (DCGI) and select the correct option:
Statement I: The DCGI heads the Central Drugs Standard Control Organization (CDSCO).
Statement II: The DCGI is responsible for the approval of licenses of specified categories of drugs.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

54. Read the following statements and select the correct option:
Assertion (A): FSSAI sets science-based standards for articles of food.
Reason (R): It aims to ensure availability of safe

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89. (D) Poor maternal nutrition and diversity.
If a country improves sanitation but stunting remains high, poor maternal nutrition and lack of dietary diversity are likely missing factors. Stunting is a complex issue influenced by the mother's health before and during pregnancy. Ensuring that mothers and children have access to a diverse diet rich in micronutrients is essential for breaking the intergenerational cycle of growth failure.

90. (B) Malnutrition
Sustainable Development Goal target two point two specifically aims to end all forms of malnutrition by twenty thirty. This includes reaching internationally agreed targets on stunting and wasting in children under five, as well as addressing the nutritional needs of adolescent girls, pregnant women, and older persons. This target reflects a global commitment to comprehensive nutritional well-being for everyone.

91. (A) Low height-for-age
Low height-for-age is the most appropriate indicator for chronic malnutrition, as it reflects the cumulative effect of long-term nutritional deprivation and recurrent illness. Unlike wasting, which shows recent distress, stunting indicates a persistent failure to grow properly. Monitoring this metric helps health authorities understand the long-term impact of poverty and poor health services on child development in any given population.

92. (C) Tap water connections for rural homes.
The primary focus of the Jal Jeevan Mission Har Ghar Jal is to provide individual tap water connections to every rural home in India. This initiative moves beyond communal water sources to ensure convenience and safety at the household level. By bringing clean water directly into homes, the mission significantly reduces the burden of water-related diseases and improves overall rural hygiene.

93. (D) Vehicular emissions
Vehicular emissions are a significant contributor to air pollution in urban India, releasing pollutants like nitrogen oxides and particulate matter. As cities grow and the number of vehicles increases, managing these emissions becomes critical for protecting public health. Policies promoting public transport, electric vehicles, and stricter emission standards are essential for improving urban air quality and reducing chronic respiratory diseases.

94. (C) Lack of access to clean water/air.
Environmental poverty refers to a lack of access to fundamental natural resources like clean water and breathable air. This form of poverty often affects the most vulnerable populations, who live in areas with the highest levels of pollution and the poorest infrastructure. Addressing environmental poverty is necessary for achieving health equity and ensuring that all citizens can live safely.

95. (B) Breeding crops for nutritional value.
Biofortification is the process of breeding crops to increase their nutritional value, either through conventional selective breeding or genetic engineering. This approach aims to provide essential micronutrients directly through staple foods that people already consume. It is a sustainable strategy for addressing hidden hunger and improving the health of large populations who rely on a limited variety of food crops.

96. (D) Neurological damage and organ failure.
Heavy metal contamination in water, such as lead or mercury, can lead to severe neurological damage and organ failure. These toxins accumulate in the body over time and are particularly harmful to the developing brains of children. Preventing industrial discharge into water sources is a vital environmental health priority to protect communities from the long-term effects of heavy metal poisoning and toxicity.

97. (A) Total social cost and lost wages.
The economic burden of disease is defined as the sum of total social costs, including direct healthcare expenditures and the indirect loss of wages and productivity. This measurement helps policymakers understand the full impact of illness on a nation's economy. High disease burdens divert resources from development to healthcare, highlighting the economic importance of disease prevention and effective public health.

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clinical diagnosis, and child development research.

80. (C) Focuses only on grain availability.
The Global Hunger Index does not focus solely on grain availability; it uses a multi-dimensional approach that includes undernourishment, child stunting, wasting, and mortality. While food supply is important, the index aims to capture the broader impacts of hunger on health and survival. It is issued annually by Concern Worldwide and Welthungerhilfe to track progress toward global zero hunger goals.

81. (A) Stone crushing and mining workers
Silicosis is a debilitating occupational health hazard primarily seen in workers involved in stone crushing, mining, and sandblasting. It is caused by the chronic inhalation of crystalline silica dust, which leads to permanent scarring of the lungs. Protecting workers through dust control measures and respiratory equipment is essential in these high-risk industries to prevent this incurable disease and protect health.

82. (B) Insurance premiums and chronic care.
Obesity-related costs in an economic context include higher health insurance premiums and the long-term expenses associated with managing chronic conditions like diabetes and hypertension. These costs place a significant burden on individuals and the public healthcare system. Reducing overnutrition through preventive health policies can lead to substantial economic savings and improved quality of life for the entire national population.

83. (A) Housing and urban development
Housing and urban development are core components of the environmental health scope as defined by the WHO. The quality of the indoor environment, including ventilation, overcrowding, and access to basic services, directly influences health outcomes. Ensuring safe and healthy housing is a fundamental public health intervention that protects populations from both infectious and chronic environmental diseases in various urban settings.

84. (D) Infections cause nutrient malabsorption.
Poor sanitation negatively affects a child's nutritional status because it leads to frequent infections that cause nutrient malabsorption. Conditions like chronic diarrhea prevent the body from effectively utilizing the calories and vitamins consumed. This interaction between infection and nutrition means that improving sanitation is as important as increasing food intake for reducing stunting and wasting in vulnerable child populations.

85. (B) Vitamin B12 - Night Blindness
Vitamin B12 deficiency is associated with anaemia and neurological issues, while night blindness is specifically caused by Vitamin A deficiency. The other pairs, such as Vitamin D with Rickets, Vitamin C with Scurvy, and Vitamin B1 with Beriberi, are all correctly matched. Identifying these specific links is crucial for correctly diagnosing and treating nutritional deficiencies in different populations across the world.

86. (C) National Food Security Act, 2013.
The National Food Security Act of twenty thirteen provides legal rights to subsidized food grains for a large portion of India's population. By enshrining food security as a legal entitlement, the act aims to ensure that people have access to enough food to lead an active and healthy life. This policy is a key pillar of India's social safety net.

87. (D) Increased heat-related morbidity.
A major negative consequence of climate change on health is increased heat-related morbidity, including strokes and dehydration during severe heatwaves. Rising global temperatures also alter the distribution of diseases and increase the frequency of extreme weather events. These shifts require robust public health planning to protect vulnerable communities from the growing environmental threats to human well-being and long-term biological survival.

88. (A) The midway point of the left arm.
The Mid-Upper Arm Circumference is measured at the midway point of the left arm. This site provides a stable and standardized location for assessing muscle wasting in children. Health workers use this measurement as a quick screening tool to identify severe acute malnutrition in field settings, allowing for rapid intervention and referral for specialized nutritional care and treatment services.

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CHAPTER 26
Health Governance Central Level

1. Which of the following best defines health governance at the central level?
(A) The administrative management of private corporate hospital chains
(B) The clinical treatment of individual patients in rural health clinics
(C) The procurement of surgical equipment by district medical officers
(D) Governance and implementation of national health policies

2. Read the following statements regarding health governance and select the correct option:
Statement I: Good health governance requires transparency and accountability in the allocation of medical resources.
Statement II: Equity in health governance ensures that healthcare services are accessible based on socio-economic status.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

3. Which of the following are the core principles of "Good Health Governance"?
1. Rule of Law
2. Responsiveness
3. Profit Maximization

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

4. The Ministry of Health and Family Welfare (MoHFW) is headed by which of the following?
(A) Director General of Health Services
(B) Secretary of Health Research
(C) Chief Executive Officer of NHA
(D) Cabinet Minister

5. Which of the following pairs is INCORRECTLY matched regarding the structure of the Ministry of Health and Family Welfare?
(A) Department of AYUSH - Only Modern Medicine
(B) Department of Health and Family Welfare - Public Health Policy
(C) Department of Health Research - ICMR
(D) Central Bureau of Health Intelligence - Health Data

6. Read the following statements and select the correct option:
Assertion (A): The Ministry of Health and Family Welfare is responsible for the implementation of the National Health Mission.
Reason (R): The Department of Health and Family Welfare manages the administrative and financial aspects of centrally sponsored health schemes.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

7. Which department under the Ministry of Health and Family Welfare is specifically tasked with promoting clinical trials and ethics?
(A) Department of Health Research
(B) Department of Pharmaceuticals
(C) Department of Biotechnology
(D) Department of Science and Technology

8. What is the primary role of the Indian Council of Medical Research (ICMR) within the central health governance framework?
(A) Fixing the maximum retail prices of essential medicines
(B) Formulating comprehensive medical

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98. (C) September
POSHAN Maah is celebrated every year in September to raise awareness about the importance of nutrition across India. During this month, various activities are organized to promote healthy eating habits, maternal care, and the growth monitoring of children. This national campaign is part of the POSHAN Abhiyaan's strategy to use social movements to improve nutritional outcomes for all citizens nationwide.

99. (A) Exposure to dust and harmful gases.
In the mining sector, workers face major environmental health risks from constant exposure to dust and harmful gases released during extraction. These hazards can lead to chronic respiratory diseases and other serious health issues. Ensuring proper safety protocols, ventilation, and health monitoring is essential for protecting the lives and well-being of individuals working in this high-risk and physically demanding environment.

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100. (D) Integrated nutrition and poverty reduction.
Achieving Sustainable Development Goal Two by twenty thirty requires an integrated approach that combines nutritional interventions with poverty reduction strategies. It is not enough to just increase food production; there must also be focus on food access, dietary diversity, and improved health services. This holistic strategy ensures that all people can afford and access the nutrients they need for healthy lives.

18. Read the following statements and select the correct option:
Assertion (A): NITI Aayog's Health Index categorizes states into 'Front-runners', 'Achievers', and 'Aspirants'.
Reason (R): This categorization is based on the performance of states in providing universal health coverage and infrastructure.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

19. The National Health Authority (NHA) was established to primarily implement which scheme?
(A) Janani Suraksha Yojana
(B) Ayushman Bharat PM-JAY
(C) Mission Indradhanush
(D) Rashtriya Swasthya Bima Yojana

20. Which of the following correctly describes the relationship between the National Health Authority (NHA) and the Ministry of Health and Family Welfare (MoHFW)?
(A) A subordinate office under the Department of Health Research
(B) A private non-governmental organization funded by the Ministry
(C) An organization operating independently of the Union Cabinet
(D) An attached office of the MoHFW with functional autonomy

21. Match the following health indices or missions with their focus areas:
List I: (Index/Mission)
P. SDG India Index
Q. Health Index
R. Atal Innovation Mission
S. Ayushman Bharat
List II: (Focus Area)
1. Startups and Entrepreneurship
2. Sustainable Development Goals
3. State Performance Ranking
4. Health Insurance and Wellness
(A) P-2, Q-3, R-1, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-2, R-4, S-1
(D) P-4, Q-1, R-2, S-3

22. What is the role of the National Health Mission (NHM) governance structure?
(A) To oversee the conduct of clinical trials for new vaccines
(B) To regulate the ceiling prices of essential medical devices
(C) To provide a framework for decentralized health planning
(D) To issue production licenses for pharmaceutical manufacturing

23. Which of the following is a key governance shift introduced by the National Health Policy 2017?
(A) Moving from "Sick-care" to "Wellness"
(B) Decreasing public health expenditure to 1% of GDP
(C) Focus exclusively on urban tertiary care
(D) Abolishing the role of the NITI Aayog in health

24. Read the following statements regarding the National Health Policy (NHP) 2017 and select the correct option:
Statement I: It aims to increase health expenditure by the Government to 2.5% of GDP by 2025.
Statement II: It proposes the use of digital tools to improve health governance and data management.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

25. Which of the following is the apex body for policy guidance on health and family welfare at the central level?
(A) National Medical Commission
(B) Central Council of Health
(C) Medical Council of India
(D) National Board of Exams

26. Under which Article of the Constitution of India is the Central Council of Health established?
(A) Article 243

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education curriculum
(C) Licensing and regulation of food business operators
(D) Apex body for promoting biomedical research

9. Match the following organizations with their primary functions:
List I: (Organization)
P. FSSAI
Q. NPPA
R. CBHI
S. ICMR
List II: (Function)
1. Drug Price Control
2. Food Safety Standards
3. Medical Research
4. Health Data Collection
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

10. In which year was the Planning Commission of India replaced by the NITI Aayog?
(A) 2014
(B) 2015
(C) 2016
(D) 2017

11. Arrange the following events in chronological order:
1. Launch of National Health Policy 2017
2. Establishment of NITI Aayog
3. Launch of Ayushman Bharat (PM-JAY)
Choose the correct sequence from the options below:
(A) 1-2-3
(B) 2-1-3
(C) 3-2-1
(D) 2-3-1

12. Who serves as the ex-officio Chairperson of NITI Aayog?
(A) Prime Minister of India
(B) Union Minister of Health
(C) Vice-President of India
(D) Finance Minister of India

13. Which of the following is NOT a component of the NITI Aayog's composition?
(A) Governing Council
(B) State Medical Councils
(C) Regional Councils
(D) Full-time Organizational Framework

14. Read the following statements regarding NITI Aayog and select the correct option:
Statement I: NITI Aayog acts as the premier policy think tank of the Government of India.
Statement II: It provides both directional and policy inputs but does not have the power to allocate funds to states.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

15. Consider the following objectives regarding the NITI Aayog Health Index:
1. To track incremental performance of states on health outcomes.
2. To encourage healthy competition among states.
3. To replace the National Health Mission funding entirely.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

16. Which organization releases the "SDG India Index" to monitor progress toward sustainable development goals, including health?
(A) Ministry of Statistics and Programme Implementation
(B) World Health Organization
(C) NITI Aayog
(D) Ministry of Health and Family Welfare

17. The Atal Innovation Mission (AIM), which supports health-tech startups, is an initiative of:
(A) Ministry of Science and Technology
(B) ICMR
(C) Ministry of Commerce and Industry
(D) NITI Aayog

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(B) Management directly by Central officials in districts
(C) Schemes managed exclusively by the private health sector
(D) Shared funding between Center and States

37. Read the following statements regarding the Finance Commission's role in health and select the correct option:
Statement I: It recommends the devolution of financial resources from the Center to the States.
Statement II: The 15th Finance Commission recommended health grants to local bodies to strengthen primary healthcare.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

38. Which of the following is NOT an accountability mechanism in central health governance?
(A) Social Audit
(B) Public Accounts Committee
(C) Private Profit Audit
(D) Citizen's Charter

39. Which of the following are components of Parliamentary oversight over the health sector?
1. Question Hour
2. Department-Related Standing Committees
3. Public Accounts Committee (PAC)
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

40. What is the role of the Comptroller and Auditor General (CAG) in the health sector?
(A) Developing standard clinical protocols for surgeries
(B) Screening and selecting candidates for medical exams
(C) Fixing the monthly salary of private sector doctors
(D) Auditing expenditure of health schemes

41. Good health governance ensures "Equity". This means:
(A) All people receive the same bill for services
(B) Service delivery based on need
(C) Only wealthy citizens get access to specialized care
(D) The government earns a profit from public health services

42. Read the following statements and select the correct option:
Assertion (A): The National Health Authority (NHA) has been given the status of an attached office of the Ministry of Health.
Reason (R): This status allows it greater autonomy to manage the implementation of PM-JAY across various states.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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43. Which of the following is the primary function of the Department of Health and Family Welfare?
(A) Conducting deep space research for aeronautical medicine
(B) Manufacturing of heavy industrial medical machinery
(C) Regulation of the stock market for pharmaceutical companies
(D) Execution of national health policies

44. Which of the following is an EXCEPTION to the functions of the ICMR?
(A) Clinical care in general hospitals
(B) Funding medical research projects
(C) Developing diagnostic kits for outbreaks
(D) Advising the government on health research priorities

45. Match the following governance principles with their meanings:
List I: (Principle)
P. Transparency
Q. Accountability
R. Participation
S. Integrity
List II: (Meaning)
1. Being answerable for actions

(B) Article 263
(C) Article 280
(D) Article 312

27. Consider the following functions of the Drugs Controller General of India (DCGI):
1. Approval of new drugs
2. Granting licenses for clinical trials
3. Controlling the retail price of paracetamol
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

28. The Food Safety and Standards Authority of India (FSSAI) operates under the administrative control of:
(A) Ministry of Health and Family Welfare
(B) Ministry of Agriculture and Farmers Welfare
(C) Ministry of Consumer Affairs, Food and Public Distribution
(D) Ministry of Food Processing Industries

29. Identify the INCORRECT pair regarding regulatory bodies and their roles:
(A) NPPA - Fixing Ceiling Prices of Scheduled Medicines
(B) CBHI - Approving Medical College Infrastructure
(C) NCDC - Control of Communicable Diseases
(D) FSSAI - Regulating Food Standards

30. Read the following statements and select the correct option:
Assertion (A): The National Pharmaceutical Pricing Authority (NPPA) is an independent regulator for drug pricing.
Reason (R): It ensures that essential medicines are available at affordable prices to the public.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which organization is responsible for the management of the National Health Repository in India?
(A) Central Bureau of Health Intelligence
(B) National Institution for Transforming India
(C) Indian Council of Medical Research
(D) National Centre for Disease Control

32. What is the primary objective of the National Centre for Disease Control (NCDC)?
(A) Oversight of pharmaceutical drug pricing
(B) Administrative management of colleges
(C) Control of communicable diseases
(D) Drafting of National Health Policy

33. Match the following institutions with their parent departments or governance status:
List I: (Institution)
P. ICMR
Q. NPPA
R. NHA
S. NCDC
List II: (Parent Body)
1. Dept. of Health Research
2. Dept. of Pharmaceuticals
3. Attached Office of MoHFW
4. Directorate General of Health Services
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

34. Which programme provides the governance framework for disease surveillance across India?
(A) National Rural Health Mission
(B) Revised National TB Programme
(C) Integrated Disease Surveillance
(D) National AIDS Control Programme

35. "Cooperative Federalism" in the health sector is best exemplified by:
(A) The Center unilaterally deciding all health budgets for states
(B) NITI Aayog and State Health Index collaboration
(C) States being prohibited from launching their own health schemes
(D) The Union Health Minister appointing State Health Secretaries

36. Which of the following is a characteristic of Centrally Sponsored Schemes (CSS) in health?
(A) Funding provided 100% by the Central Government

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and wholesome food for human consumption.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

55. Which body regulates the prices of medical devices notified as "drugs"?
(A) NPPA
(B) Medical Council of India
(C) NITI Aayog
(D) Ministry of Commerce

56. The publication "Health Status Indicators" is primarily the responsibility of:
(A) ICMR
(B) NCDC
(C) FSSAI
(D) CBHI

57. Match the following divisions of the National Centre for Disease Control (NCDC) with their focus:
List I: (Division)
P. Epidemiology
Q. Microbiology
R. Zoonosis
S. Entomology
List II: (Focus)
1. Study of disease patterns
2. Laboratory diagnosis
3. Animal to human diseases
4. Vector-borne diseases
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

58. Which of the following is a negative aspect of centralized health governance?
(A) Consistent standard of care
(B) Inflexible "one-size-fits-all" model
(C) Efficient resource allocation for national pandemics
(D) Clear policy direction

59. The Integrated Disease Surveillance Programme (IDSP) mainly focuses on:
(A) Conducting long-term pharmaceutical clinical trials
(B) Building new regional super-specialty hospitals
(C) Regulating medical education and tuition fees
(D) Decentralized disease surveillance

60. Arrange the following in the correct hierarchy of health governance (from top to bottom):
1. Department of Health and Family Welfare
2. Ministry of Health and Family Welfare
3. Directorate General of Health Services
(A) 2-1-3
(B) 1-2-3
(C) 3-2-1
(D) 2-3-1

61. Which of the following is a function of the Central Bureau of Health Intelligence (CBHI)?
(A) To arrest medical doctors for professional malpractice
(B) To analyze and disseminate health data
(C) To manufacture essential low-cost generic medicines
(D) To conduct clinical surgery in underserved rural areas

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62. Read the following statements regarding Centrally Sponsored Schemes and select the correct option:
Statement I: The implementation responsibility lies primarily with the State Governments.
Statement II: The Central Government provides the entire 100% funding for all states.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

63. The concept of "Health in All Policies" (HiAP) is supported by which governance body for inter-sectoral coordination?
(A) NITI Aayog
(B) Medical Council of India
(C) Pharmacy Council of India
(D) Dental Council of India

35. (B) NITI Aayog and State Health Index collaboration
Cooperative federalism is demonstrated through the collaborative efforts between NITI Aayog and state governments in developing health performance indices. This partnership encourages states to share best practices and work together toward national health targets while maintaining their individual autonomy. Such collaborations foster a spirit of mutual support and healthy competition, leading to overall improvements in the national healthcare landscape.

36. (D) Shared funding between Center and States
Centrally Sponsored Schemes are characterized by a funding model where the financial burden is shared between the Central Government and the State Governments. While the Center provides a significant portion of the budget, states are responsible for implementation and contributing the remaining share. This collaborative financial arrangement ensures that both levels of government are committed to the success of health programs.

37. (C) Both Statement I and Statement II are correct.
The Finance Commission plays a vital role in determining the distribution of financial resources between the central and state governments. Recently, it has emphasized providing specific health grants to local bodies to strengthen primary healthcare services at the grassroots level. This approach ensures that funding reaches the community level, supporting the decentralized delivery of essential medical and wellness services.

38. (C) Private Profit Audit
Governance in the public health sector relies on various accountability mechanisms such as social audits, citizen's charters, and parliamentary oversight. These tools ensure that public funds are used transparently and that services meet the needs of the population. Auditing private profits is not a standard mechanism for government health governance, which focuses instead on public expenditure and service quality.

39. (D) 1, 2, and 3
Parliamentary oversight is exercised through various methods, including the questioning of ministers, the work of standing committees, and financial audits by the Public Accounts Committee. These mechanisms ensure that the executive branch remains answerable to the people's representatives regarding health policies and spending. By reviewing performance and expenditures, Parliament maintains a system of checks and balances within the health sector.

40. (D) Auditing expenditure of health schemes
The Comptroller and Auditor General is responsible for auditing the financial transactions and expenditures of various health schemes implemented by the government. This audit process identifies any financial irregularities, ensures compliance with regulations, and evaluates the economy and efficiency of public spending. Such financial oversight is crucial for maintaining transparency and accountability in the utilization of healthcare resources.

41. (B) Service delivery based on need
Equity in health governance means ensuring that medical services are accessible and provided to individuals based on their actual health requirements. This principle aims to remove barriers to care and address the needs of vulnerable or underserved populations. By prioritizing those with the greatest health challenges, the system strives for fairness and improved health outcomes for the entire society.

42. (A) Both A and R are true and R is the correct explanation of A.
Granting the National Health Authority the status of an attached office provides it with the necessary autonomy to manage complex insurance programs like PM-JAY. This administrative flexibility allows the authority to coordinate more effectively with state governments and private partners. By operating with greater independence, it can respond swiftly to operational challenges and improve the efficiency of health insurance delivery.

43. (D) Execution of national health policies
The Department of Health and Family Welfare is primarily responsible for the execution and management of national health policies and programs. It oversees the implementation of public health initiatives, manages centrally sponsored schemes, and coordinates with states to ensure service delivery. Its mission

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3. Direct recruitment of district doctors

Which of the above statement(s) is/are correct?

(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

74. The "SDG India Index" ranks states on a scale of:

(A) 0 to 25
(B) 0 to 50
(C) 0 to 75
(D) 0 to 100

75. What is the role of the Cabinet Secretariat in health governance?

(A) To prescribe medicines to outdoor patients
(B) To audit the local hospital pharmacy accounts
(C) To manage the government nursing hostels
(D) To facilitate inter-ministerial coordination

76. Read the following statements and select the correct option:

Assertion (A): National Health Policy 2017 advocates for a "Digital Health" ecosystem.

Reason (R): Digital records help in ensuring continuity of care and better data for policy making.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

77. Which of the following is NOT a principle of good health governance?

(A) Consensus Orientation
(B) Opacity
(C) Efficiency
(D) Inclusiveness

78. Which department is responsible for the "Pradhan Mantri Bhartiya Janaushadhi Pariyojana"?

(A) Department of Health and Family Welfare
(B) Department of Pharmaceuticals
(C) Department of Biotechnology
(D) Department of Science and Technology

79. Match the following functions with the departments:

List I: (Function)

P. Health Policy
Q. Biomedical Research
R. Drug Pricing
S. Public Health Data

List II: (Department)

1. Dept. of Health Research
2. Dept. of Health and Family Welfare
3. Dept. of Pharmaceuticals
4. CBHI

(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-1, S-2

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80. What is the role of the National Health Authority (NHA) in the Ayushman Bharat Digital Mission?

(A) Manufacturing standardized smartphones for medical doctors
(B) Selling patient health data to private marketing companies
(C) Developing the digital health backbone
(D) Controlling the fiber-optic Internet speed in public hospitals

81. Read the following statements regarding the ICMR and select the correct option:

Statement I: It is one of the oldest medical research bodies in the world.

Statement II: It is entirely funded by the World Health Organization.

(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

82. Which of the following is a "Negative" indicator in health governance?

(A) High Institutional Delivery Rate
(B) High Immunization Coverage
(C) High Maternal Mortality Ratio
(D) High Doctor-to-Patient Ratio

83. Which of the following are objectives of the National Health Mission (NHM)?

ANSWERS

1. (D) Governance and implementation of national health policies
Central health governance involves a high-level administrative framework focusing on formulating and executing strategies across the nation. This includes establishing standards for medical education, managing communicable diseases, and overseeing health infrastructure development. By coordinating between various departments, the central level ensures that national objectives for public welfare and healthcare delivery are met effectively and consistently.

2. (A) Statement I is correct but Statement II is incorrect.
Transparency and accountability are fundamental pillars for effective resource distribution within the public health sector. However, equity emphasizes providing healthcare based on the specific clinical and medical needs of individuals rather than their socio-economic status. Ensuring fairness in access helps reduce disparities, but defining it through status ignores the primary goal of health provision for all citizens.

3. (A) 1 and 2 only
Good health governance is characterized by adherence to the rule of law and maintaining responsiveness to the needs of the population. These principles ensure that healthcare systems operate ethically and address public concerns promptly. While efficiency is important, maximizing profits is not a core principle of public health governance, which prioritizes social welfare over commercial gains.

4. (D) Cabinet Minister
The Ministry of Health and Family Welfare is headed by a Cabinet Minister who provides political leadership and policy direction. This individual is a member of the Union Cabinet and is responsible for representing the ministry in Parliament. The role involves overseeing high-level decision-making processes to ensure that national health initiatives align with the broader government agenda.

5. (A) Department of AYUSH - Only Modern Medicine
The Department of AYUSH is specifically dedicated to the promotion and development of traditional medical systems such as Ayurveda, Yoga, Unani, Siddha, and Homeopathy. It does not focus exclusively on modern medicine, which falls under the Department of Health and Family Welfare. This structure ensures that diverse therapeutic approaches are integrated into the national healthcare framework appropriately.

6. (A) Both A and R are true and R is the correct explanation of A.
The Ministry of Health and Family Welfare oversees the National Health Mission through its specific departments. These departments handle the administrative, financial, and technical aspects required for implementing centrally sponsored schemes. By managing these resources, the ministry ensures that health programs are executed across various states to achieve unified public health goals and improve service delivery nationwide.

7. (A) Department of Health Research
The Department of Health Research focuses on promoting clinical trials and establishing ethical standards for medical investigations. It works to create a conducive environment for medical innovation while ensuring patient safety and scientific integrity. By providing a regulatory and supportive framework, this department helps advance biomedical research and the development of new treatments within the national health system.

8. (D) Apex body for promoting biomedical research
The Indian Council of Medical Research serves as the premier organization for the planning and coordination of biomedical research in India. It supports a wide network of laboratories and institutions dedicated to studying various health challenges and diseases. Its primary mission is to advance scientific knowledge and provide evidence-based solutions for improving public health outcomes through innovative research.

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(A) Ministry of Health and Jal Shakti collaboration
(B) A doctor prescribing medicine to a patient
(C) A pharmaceutical company increasing its profit
(D) A medical student passing a university exam

93. Which of the following are part of the National Health Authority's (NHA) governance structure?
1. Governing Board
2. Chief Executive Officer
3. State Medical Council Presidents

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

94. What is the significance of the "Health Index" for a state government?
(A) It allows states to ignore pressing health issues
(B) It provides a basis for central funding
(C) It is a tool for increasing the price of medicines
(D) It is only for promoting international health tourism

95. Who performs the financial audit of the Ministry of Health and Family Welfare?
(A) Comptroller and Auditor General
(B) Internal Auditors of the Department
(C) Regional Think Tanks like NITI Aayog
(D) International bodies like the World Bank

96. Read the following statements and select the correct option:
Assertion (A): Parliamentary oversight ensures that the executive remains responsible to the people.
Reason (R): Members of Parliament can ask questions to the Health Minister regarding the status of health infrastructure.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

97. Which of the following is a "process indicator" in health governance?
(A) Total population of the country
(B) Number of rivers in the state
(C) GDP growth rate
(D) Number of doctors trained

98. The National Pharmaceutical Pricing Authority (NPPA) functions under the:
(A) Ministry of Health and Family Welfare
(B) Ministry of Commerce and Industry
(C) Ministry of Chemicals and Fertilizers
(D) Ministry of Finance

99. Which of the following is a function of the National Health Policy 2017 framework?
(A) To privatize all existing government hospitals by 2030
(B) To provide a roadmap for universal health coverage
(C) To ban all foreign biomedical medical research projects
(D) To reduce the total number of medical educational seats

100. The "Central Council of Health" was created to promote:
(A) Intense competition between medical doctors
(B) Profit for private pharmaceutical companies
(C) Centralization of powers in the Union Office
(D) Coordination between Union and States

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18. (A) Both A and R are true and R is the correct explanation of A.
The Health Index categorizes states into different performance tiers to provide a clear picture of their developmental status. This classification is based on comprehensive data regarding health outcomes, infrastructure, and service delivery processes. By using these categories, the index identifies front-runners and those needing more support, thereby driving systemic improvements and ensuring accountability in state-level health governance.

19. (B) Ayushman Bharat PM-JAY
The National Health Authority was specifically established to lead the implementation of the PM-JAY scheme, which is the world's largest government-funded health assurance program. Its role involves managing the operational aspects, coordinating with state health agencies, and ensuring the delivery of secondary and tertiary care. This focused governance structure helps in scaling the program and maintaining service quality.

20. (D) An attached office of the MoHFW with functional autonomy
The National Health Authority operates as an attached office of the Ministry of Health and Family Welfare, providing it with necessary administrative support while maintaining functional autonomy. This status allows the authority to make independent decisions regarding the implementation of national insurance schemes and digital health initiatives. Such a relationship ensures efficient governance while remaining aligned with national health policies.

21. (A) P-2, Q-3, R-1, S-4
Various national indices and missions focus on specific aspects of development to ensure a holistic approach to public welfare. One index tracks global sustainability targets, while another ranks state performance to drive competition. Additionally, initiatives promote entrepreneurship and innovation, and insurance schemes focus on providing financial protection for healthcare. This multi-faceted strategy addresses diverse needs within the healthcare ecosystem.

22. (C) To provide a framework for decentralized health planning
The National Health Mission provides a structured framework that encourages states to plan health services according to their local needs. This decentralized approach allows for flexibility in resource allocation and program implementation at the district and community levels. By empowering local authorities, the mission ensures that healthcare interventions are more relevant, effective, and responsive to regional health challenges.

23. (A) Moving from "Sick-care" to "Wellness"
The National Health Policy of 2017 introduced a paradigm shift by emphasizing preventive and promotive healthcare rather than just treating illnesses. This approach focuses on wellness through the establishment of health and wellness centers that provide comprehensive primary care. By prioritizing early intervention and healthy lifestyles, the policy aims to reduce the overall disease burden and improve public health outcomes.

24. (C) Both Statement I and Statement II are correct.
The 2017 policy outlines a goal to increase government health spending significantly to improve infrastructure and service accessibility. It also advocates for the extensive use of digital tools and data management to enhance governance efficiency. By integrating technology and increasing financial commitment, the policy seeks to create a more robust, transparent, and patient-centric healthcare system for the entire population.

25. (B) Central Council of Health
The Central Council of Health and Family Welfare serves as the highest advisory body for policy guidance at the central level. It provides a platform for ministers from the union and states to discuss and coordinate on critical health issues. Its recommendations help shape the national health agenda and ensure that policies are implemented harmoniously across the different states.

26. (B) Article 263
Article two hundred sixty-three of the Constitution of India provides the legal basis for establishing an Inter-State Council, under which

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9. (A) P-2, Q-1, R-4, S-3
Different specialized organizations perform distinct roles within the central health framework to ensure comprehensive management. Food safety standards are regulated by one body, while drug price control is managed by another. Simultaneously, health data collection and biomedical research are handled by dedicated institutions. This division of labor allows for expertise-driven governance across various critical sectors of the healthcare industry.

10. (B) 2015
NITI Aayog was established in early 2015 to replace the long-standing Planning Commission of India. This transition marked a significant shift in the country's planning methodology, moving toward a more collaborative and strategic approach. The new institution serves as a think tank, providing directional and policy inputs to the central and state governments to foster sustainable development.

11. (B) 2-1-3
The establishment of NITI Aayog in 2015 was followed by the announcement of the National Health Policy in 2017. Later, the Ayushman Bharat PM-JAY scheme was launched in 2018 to provide comprehensive health insurance coverage. This sequence reflects the evolving strategic focus of the government toward achieving universal health coverage and strengthening the overall health governance framework in India.

12. (A) Prime Minister of India
The Prime Minister of India serves as the ex-officio Chairperson of NITI Aayog, providing the institution with high-level political leadership. This leadership ensures that the think tank's strategic recommendations are integrated into the national policy agenda. By chairing the organization, the Prime Minister facilitates coordination between different ministries and state governments to achieve cohesive economic and social development goals.

13. (B) State Medical Councils
NITI Aayog consists of a Governing Council, Regional Councils, and a full-time organizational framework including a Vice-Chairperson and Chief Executive Officer. State Medical Councils are independent regulatory bodies for medical professionals and are not part of NITI Aayog's administrative structure. The think tank's composition is designed to foster cooperative federalism and provide strategic policy advice at the national level.

14. (C) Both Statement I and Statement II are correct.
NITI Aayog functions as the premier policy think tank, offering strategic and technical advice to the government. Unlike the former Planning Commission, it does not have the mandate to allocate financial funds to states. Instead, it focuses on developing long-term policy frameworks and monitoring outcomes to encourage performance-based governance and cooperative federalism across different sectors, including public health.

15. (A) 1 and 2 only
The Health Index aims to track the incremental performance of states across various health outcomes to encourage healthy competition. By providing a transparent ranking system, it motivates state governments to improve their healthcare delivery and infrastructure. However, this index is a monitoring and evaluation tool and is not intended to replace the existing funding mechanisms of the National Health Mission.

16. (C) NITI Aayog
NITI Aayog releases the SDG India Index to monitor the country's progress toward achieving global sustainable development goals. This index evaluates states and union territories on various parameters, including health, education, and gender equality. By using a standardized data-driven approach, the index helps identify gaps in development and encourages competitive performance to reach targets by the year twenty-thirty.

17. (D) NITI Aayog
The Atal Innovation Mission is a flagship initiative of NITI Aayog designed to promote a culture of innovation and entrepreneurship. It supports health-tech startups by providing mentorship, infrastructure, and funding opportunities to develop creative solutions for medical challenges. By fostering a vibrant ecosystem for research and development, the mission contributes to the modernization of the national healthcare sector.

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64. Which of the following is NOT a core health goal of the SDG India Index?
(A) Reduction of maternal mortality ratio
(B) Elimination of all private hospitals
(C) Ending epidemics of AIDS, TB, and Malaria
(D) Achieving universal health coverage

65. What is the role of the Parliamentary Standing Committee on Health?
(A) To perform complex surgeries in central hospitals
(B) To decide the daily OPD timings of local clinics
(C) To import specialized medicines from abroad
(D) To examine Ministry bills and reports

66. Read the following statements and select the correct option:
Assertion (A): Audit by the Comptroller and Auditor General (CAG) is a vital tool for ensuring financial accountability in health governance.
Reason (R): CAG audits help identify leakages and inefficiencies in the implementation of health schemes.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

67. Which of the following is the primary role of the National Pharmaceutical Pricing Authority?
(A) To promote the international export of medicines
(B) To monitor and control drug prices
(C) To conduct research on new drug molecules
(D) To license retail pharmacy establishments

68. The "Atal Innovation Mission" aims to foster:
(A) Traditional medicine practices exclusively
(B) Higher salaries for central government doctors
(C) More administrative posts in the Ministry
(D) Innovation and entrepreneurship culture

69. Match the following Acts with the respective regulators:
List I: (Act)
P. Drugs and Cosmetics Act
Q. Food Safety and Standards Act
R. DPCO 2013
S. National Health Mission
List II: (Regulator)
1. FSSAI
2. DCGI
3. NPPA
4. MoHFW
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

70. Which body was replaced by the National Medical Commission (NMC)?
(A) ICMR
(B) NCDC
(C) Medical Council of India (MCI)
(D) DGHS

71. Read the following statements regarding health governance and select the correct option:
Statement I: Central level governance provides the broad policy framework.
Statement II: State level governance is primarily responsible for the actual delivery of health services.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

72. Which of the following is an example of an "Accountability Mechanism" in a government hospital?
(A) Keeping patient medical records secret from the family
(B) Increasing the cost of daily hospital entry tickets
(C) Reducing the number of professional nursing staff
(D) Functional Grievance Redressal Cell

73. Which of the following are the focus areas of the National Health Authority (NHA)?
1. Strategic purchasing of health services
2. Fraud and abuse control in PM-JAY

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the Central Council of Health is formed. This constitutional provision facilitates coordination between the Union and the States on matters of public interest. In the health sector, it ensures that policy formulation remains a collaborative effort, respecting the federal structure.

27. (A) 1 and 2 only
The Drugs Controller General of India is responsible for approving new drugs and granting licenses for clinical trials across the country. This role ensures that all pharmaceutical products and research activities meet strict safety and efficacy standards. While it regulates the quality and entry of drugs into the market, the control of retail prices is managed by a different specialized agency.

28. (A) Ministry of Health and Family Welfare
The Food Safety and Standards Authority of India is under the administrative control of the Ministry of Health and Family Welfare. This placement ensures that food safety standards are directly linked to public health goals and nutritional outcomes. The authority works to regulate the manufacture, storage, and distribution of food products to ensure they are safe for human consumption.

29. (B) CBHI - Approving Medical College Infrastructure
The Central Bureau of Health Intelligence is primarily responsible for the collection and analysis of health data rather than regulating medical colleges. Infrastructure approval and medical education standards are the mandates of the National Medical Commission. Understanding the specific roles of various health organizations is crucial for recognizing how different aspects of the healthcare system are governed and regulated.

30. (A) Both A and R are true and R is the correct explanation of A.
The National Pharmaceutical Pricing Authority acts as an independent regulator to monitor and control the prices of essential medicines. By fixing ceiling prices, it ensures that life-saving drugs remain affordable for the general public and prevents excessive profit-making by companies. This regulation is vital for reducing out-of-pocket expenditure and ensuring equitable access to necessary pharmaceutical treatments for all.

31. (A) Central Bureau of Health Intelligence
The Central Bureau of Health Intelligence is tasked with managing the National Health Repository, which serves as a comprehensive database of healthcare facilities. By collecting and disseminating accurate health information, it supports evidence-based policy making and resource planning. This data is essential for monitoring health trends, evaluating the impact of various programs, and improving the overall efficiency of the health system.

32. (C) Control of communicable diseases
The primary objective of the National Centre for Disease Control is to lead the country's efforts in controlling and preventing communicable diseases. It provides technical expertise for disease surveillance, outbreak investigation, and the development of control strategies. By monitoring infectious disease patterns, the center plays a critical role in protecting public health and responding effectively to emerging health threats.

33. (A) P-1, Q-2, R-3, S-4
Institutions within the health sector are organized under different departments to maximize administrative efficiency and specialized governance. Research bodies fall under health research departments, while pricing authorities are linked to pharmaceutical departments. Similarly, insurance agencies and disease control centers have specific administrative ties. This structured organization ensures that each body can focus on its core mission within the broader health framework.

34. (C) Integrated Disease Surveillance
The Integrated Disease Surveillance Programme provides the essential governance framework for monitoring disease outbreaks across India. It focuses on strengthening laboratory capacity and data management to ensure early detection and rapid response to infectious diseases. By integrating surveillance activities at various levels, the program helps in reducing the morbidity and mortality associated with communicable diseases throughout the various states.

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1. Reduction in Child Mortality Rate
2. Prevention and control of communicable diseases
3. Construction of private luxury wellness centers

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

84. What does "Article 263" facilitate in the context of health?
(A) The creation of a mandatory National Health Tax
(B) The appointment of the Director General of ICMR
(C) The declaration of a national Health Emergency
(D) Inter-State Council coordination

85. Which of the following best describes the "Role of NITI Aayog" in the health sector?
(A) Strategic policy think tank
(B) Executive implementation of district programs
(C) Regulatory body for nursing education
(D) Financial auditor of state health departments

86. Read the following statements and select the correct option:
Assertion (A): Centrally Sponsored Schemes are critical for achieving national health targets.
Reason (R): They provide financial leverage to the states to implement programs of national importance.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

87. Which of the following is NOT a regulatory function of the FSSAI?
(A) Regulating the price of surgical stents
(B) Licensing food businesses
(C) Setting standards for milk quality
(D) Ensuring food labeling compliance

88. The National Centre for Disease Control (NCDC) was formerly known as:
(A) National Health Coordination Agency
(B) Indian Medical Regulatory Council
(C) Central Health Administrative Service
(D) National Institute of Communicable Diseases

89. Match the following reports with the generating organization:
List I: (Report)
P. National Health Accounts
Q. SDG India Index Report
R. Audit Report on NHM
S. Global Burden of Disease
List II: (Organization)
1. CBHI/MoHFW
2. NITI Aayog
3. CAG
4. IHME/Independent
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

90. In the governance of the Integrated Disease Surveillance Programme (IDSP), what is the role of the "Central Surveillance Unit"?
(A) To treat clinical patients in remote villages
(B) To publish official medical academic textbooks
(C) To coordinate state data and support
(D) To build underground water pipes in cities

91. Read the following statements and select the correct option:
Statement I: The Finance Commission is a constitutional body.
Statement II: It has no role in health sector funding.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement I is incorrect but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

92. Which of the following is an example of "inter-sectoral coordination" in health governance?

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is to improve the overall health status of the population through effective administrative and policy interventions across India.

44. (A) Clinical care in general hospitals
While the Indian Council of Medical Research is the apex body for biomedical research, it does not typically provide routine clinical care in general hospitals. Its primary focus is on conducting and funding scientific studies, developing diagnostic tools, and advising on health research priorities. Direct patient care is the responsibility of public and private healthcare facilities and practitioners within the clinical sector.

45. (A) P-2, Q-1, R-4, S-3
Good health governance is built on several key principles including transparency in decision-making and accountability for actions taken by officials. It also requires the active participation of stakeholders and maintaining high standards of integrity and ethics. These principles work together to create a trustworthy and effective healthcare system that serves the public interest and ensures high-quality medical service delivery.

46. (B) To adopt a "bottom-up" approach to planning
Replacing the Planning Commission with NITI Aayog was intended to shift from centralized, top-down planning to a more decentralized, bottom-up approach. This model encourages states to play a more active role in the planning process, ensuring that local needs and regional variations are considered. By fostering collaboration, the new institution aims to achieve more sustainable and inclusive national development.

47. (A) State CMs and UT Lt. Governors
The Governing Council of NITI Aayog includes the Chief Ministers of all states and the Lieutenant Governors of Union Territories. This inclusive composition ensures that the voices of regional governments are heard in the national planning process. By providing a forum for dialogue between the center and states, the council promotes cooperative federalism and aids in building a national consensus.

48. (A) Statement I is correct but Statement II is incorrect.
The Health Index was developed through a collaborative effort involving the World Bank and the Ministry of Health and Family Welfare. It uses a comprehensive set of indicators to evaluate state performance over time. While the index has successfully tracked progress, different states have excelled in various categories, and the top ranking has not been held by a single state consistently.

49. (D) Implementation of ABDM
The National Health Authority plays a critical role in the digital health sector by leading the implementation of the Ayushman Bharat Digital Mission. This involves creating a national digital health ecosystem that allows for the seamless exchange of health information and digital records. By developing this infrastructure, the authority aims to improve the quality of care and the overall efficiency of health governance.

50. (B) A flexible framework for states
The National Health Mission offers a flexible governance framework that allows states to adapt national health programs to their specific regional contexts. This flexibility is essential for addressing diverse health challenges across different geographic and demographic areas. By providing guidelines rather than rigid mandates, the mission empowers states to implement more effective and locally relevant health interventions for their populations.

51. (A) 1 and 2 only
The 2017 policy focuses on ensuring universal access to high-quality healthcare and significantly reducing the financial burden on citizens. These goals are achieved by strengthening public health systems and providing essential services for free or at a subsidized rate. While the policy encourages public-private partnerships, it does not advocate for the nationalization of all private medical clinics and practices.

52. (D) Union Health Minister
The Central Council of Health and Family Welfare is chaired by the Union Health Minister, who leads the discussions on national health priorities. This council brings together health ministers from various states to coordinate policies and share best practices. Such high-level leadership is necessary for ensuring that health strategies are implemented consistently across

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CHAPTER 27
Health Governance Local Level

1. In the context of health governance, how is decentralization primarily defined?
(A) Centralization of decision-making at the national level
(B) Transfer of authority and responsibility from central to local levels
(C) Increasing the number of central government hospitals
(D) Reducing the role of community participation in health planning

2. Which Constitutional Amendment Act provided the framework for health functions to be devolved to rural local bodies?
(A) 42nd Amendment Act
(B) 44th Amendment Act
(C) 74th Amendment Act
(D) 73rd Amendment Act

3. Consider the following statements regarding health governance under the 73rd Amendment:
1. It mandates the creation of a three-tier system of Panchayats.
2. It lists health-related subjects that may be devolved to Panchayats.
3. It makes health a mandatory subject for the Central Government only.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

4. Under the 11th Schedule of the Constitution, which item number specifically deals with Health and Sanitation?
(A) Item 10
(B) Item 15
(C) Item 20
(D) Item 23

5. Which of the following subjects is listed under Item 24 of the 11th Schedule?
(A) Family welfare
(B) Technical training and vocational education
(C) Social forestry
(D) Public distribution system

6. Read the following statements and select the correct option:
Assertion (A): The 73rd Constitutional Amendment Act empowered Gram Panchayats to manage local health centers.
Reason (R): Health is included as a subject in the 11th Schedule of the Constitution.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

7. What is the primary role of the Gram Panchayat in health governance?
(A) Designing national level vaccination protocols and procurement policies
(B) Managing local health resources and supervising health staff
(C) Developing state-level medical curricula and university standards
(D) Directly appointing District Medical Officers and specialists

8. Which of the following is NOT a health-related subject mentioned in the 11th Schedule?
(A) Health and sanitation
(B) Family welfare
(C) Atomic energy research
(D) Women and child development

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Match List I with List II and select the correct answer using the codes given below:
List I: (Institutional Level)
P. Gram Panchayat
Q. VHSNC
R. Zila Parishad
S. District Health Society
List II: (Role in Health)

disseminating comprehensive health statistics across the country. This data-driven approach supports evidence-based policy formulation and helps in monitoring the progress of various health initiatives. By providing accurate information, the bureau ensures that health planners can make informed decisions to improve the efficiency and effectiveness of medical services.

62. (A) Statement I is correct but Statement II is incorrect.
Centrally Sponsored Schemes are implemented by state governments, which have the primary responsibility for delivering services to the population. While the central government provides a significant portion of the funding and sets the policy framework, states are also required to contribute financially. This shared responsibility model ensures that both levels of government work together toward achieving common national health objectives.

63. (A) NITI Aayog
NITI Aayog promotes the "Health in All Policies" approach by encouraging collaboration between various ministries to address social determinants of health. This strategy recognizes that factors like clean water, sanitation, and education significantly impact public health outcomes. By facilitating inter-sectoral coordination, the think tank helps integrate health considerations into the development of all public policies to improve overall wellness.

64. (B) Elimination of all private hospitals
The sustainable development goals for health focus on reducing maternal mortality, ending major epidemics, and achieving universal health coverage. These targets aim to ensure that all citizens have access to quality medical services without facing financial hardship. The goals focus on strengthening public health systems and improving outcomes, rather than eliminating the private healthcare sector, which plays a complementary role.

65. (D) To examine Ministry bills and reports
The Parliamentary Standing Committee on Health is tasked with reviewing the legislative proposals and performance reports of the Ministry of Health and Family Welfare. This oversight ensures that health policies are thoroughly scrutinized and that the ministry is held accountable for its actions. By providing detailed recommendations, the committee helps improve the quality of health governance and legislative processes.

66. (A) Both A and R are true and R is the correct explanation of A.
Audits performed by the Comptroller and Auditor General are essential for maintaining financial discipline and transparency in health governance. These reviews help identify areas where funds are not being used effectively and suggest ways to improve scheme implementation. By highlighting inefficiencies, the audit process promotes better resource management and ensures that public money is used to achieve maximum social benefit.

67. (B) To monitor and control drug prices
The National Pharmaceutical Pricing Authority is primarily responsible for ensuring that essential medicines are available to the public at fair and controlled prices. It monitors the market to prevent unjustified price hikes and sets ceiling prices for drugs listed under the national list of essential medicines. This regulation is crucial for protecting consumers from high healthcare costs and ensuring equity.

68. (D) Innovation and entrepreneurship culture
The Atal Innovation Mission focuses on creating an environment that supports creative thinking and the development of new businesses. By establishing innovation hubs and providing resources for researchers and entrepreneurs, the mission aims to modernize the country's economic and social sectors. In health, this leads to the creation of innovative medical devices and technologies that can solve complex healthcare problems.

69. (A) P-2, Q-1, R-3, S-4
Regulatory oversight in the health sector is divided among various bodies based on specific laws and operational areas. Drug safety and standards are managed by the DCGI, while food safety falls under FSSAI. Drug pricing is controlled by the NPPA, and overall health missions are managed by the MoHFW. This clear division of roles ensures specialized and effective regulation across different domains.

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rather than the pricing of medical devices. Its role includes licensing food businesses and ensuring that products like milk and processed foods are safe for consumption. The pricing of medical equipment like surgical stents is the responsibility of the National Pharmaceutical Pricing Authority, which manages medical product costs.

88. (D) National Institute of Communicable Diseases
The National Centre for Disease Control was formerly known as the National Institute of Communicable Diseases. This change in name reflects an expanded mandate that includes the management of non-communicable diseases alongside infectious disease control. The center remains the primary agency for disease surveillance and response, providing technical support to states to protect the population from various public health threats and outbreaks.

89. (A) P-1, Q-2, R-3, S-4
Different organizations produce specialized reports to monitor and evaluate various aspects of the health system. These reports cover areas like national health expenditure, progress toward sustainable development goals, and financial audits of health missions. By using data from these diverse sources, policy makers can gain a comprehensive understanding of the health sector's performance and make more informed decisions for public welfare.

90. (C) To coordinate state data and support
Within the Integrated Disease Surveillance Programme, the Central Surveillance Unit is responsible for coordinating the data collected from various state and district units. It provides technical guidance and support to ensure that surveillance activities are standardized and effective. By consolidating national data, the unit helps in identifying larger trends and coordinating responses to disease outbreaks that affect multiple states across the country.

91. (A) Statement I is correct but Statement II is incorrect.
The Finance Commission is a constitutional body established to recommend the sharing of financial resources between the union and state governments. It plays a significant role in the health sector by providing specific recommendations for health-related grants and funding. These financial transfers are essential for strengthening healthcare infrastructure and improving service delivery at the state and local government levels throughout India.

92. (A) Ministry of Health and Jal Shakti collaboration
Inter-sectoral coordination involves different government departments working together to achieve a common health objective, such as clean water and disease prevention. Collaboration between the health ministry and the water resources department is a prime example, as access to safe water directly impacts public health. This coordinated approach ensures that all social determinants of health are addressed through unified government action.

93. (A) 1 and 2 only
The National Health Authority is governed by a board that provides strategic direction and a Chief Executive Officer who manages daily operations. This leadership structure ensures that the authority can effectively implement national insurance and digital health programs. While it works closely with various stakeholders, the presidents of individual state medical councils are not part of the authority's core internal governance framework.

94. (B) It provides a basis for central funding
The Health Index serves as an important tool for state governments as it provides a transparent and data-driven basis for receiving central funding. States that show improvement or high performance on health indicators may receive additional financial support or recognition. This performance-based approach encourages states to prioritize healthcare and invest in systems that lead to better health outcomes for their citizens.

95. (A) Comptroller and Auditor General
The Comptroller and Auditor General is the constitutional authority responsible for conducting financial audits of the Ministry of Health and Family Welfare. This audit ensures that public funds are spent according to the law and that financial accounts are maintained accurately. By providing independent oversight, the auditor general promotes transparency and accountability in the management of national healthcare expenditures and resources.

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access to essential medicines and promote public welfare.

79. (A) P-2, Q-1, R-3, S-4
Specialized departments and bureaus handle different aspects of health governance to ensure focused management and expertise. Policy formulation, biomedical research, drug pricing, and data analysis are all managed by distinct bodies within the government structure. This organization allows for a comprehensive approach to managing the national health system, addressing everything from broad strategic goals to specific technical and data-related tasks.

80. (C) Developing the digital health backbone
The National Health Authority is responsible for creating the technical infrastructure and digital backbone required for the Ayushman Bharat Digital Mission. This includes developing systems for digital health IDs and interoperable health records that can be used across different facilities. By building this foundation, the authority facilitates a more integrated and efficient healthcare system that leverages technology for better patient care.

81. (A) Statement I is correct but Statement II is incorrect.
The Indian Council of Medical Research is one of the oldest biomedical research organizations globally, with a long history of scientific excellence. While it collaborates with international bodies like the World Health Organization, it is primarily funded by the Government of India. This national funding ensures that the council's research priorities remain aligned with the specific health needs and challenges of India.

82. (C) High Maternal Mortality Ratio
In health governance, a high maternal mortality ratio is considered a negative indicator as it reflects poor quality of maternal healthcare and systemic failures. Effective governance aims to reduce this ratio through better infrastructure and access to medical services. Positive indicators, such as high immunization rates or high institutional delivery rates, signify progress in improving public health and the overall effectiveness of health programs.

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83. (A) 1 and 2 only
The National Health Mission focuses on reducing child mortality and controlling the spread of communicable diseases across the country. These objectives are achieved by strengthening public health facilities and improving community-level healthcare delivery. The mission prioritizes the health needs of the general population and vulnerable groups rather than the development of luxury private wellness centers, which are not part of its mandate.

84. (D) Inter-State Council coordination
Article two hundred sixty-three of the Constitution facilitates the coordination of policies and administrative actions between the Union and the States through the Inter-State Council. In the health sector, this provision allows for the collaborative management of public health issues that cross state borders. This inter-state coordination is vital for ensuring a unified and effective response to national health challenges and emergencies.

85. (A) Strategic policy think tank
NITI Aayog serves as a strategic policy think tank that provides high-level advice and long-term directions for the health sector. It focuses on analyzing trends, identifying best practices, and recommending policy interventions to improve healthcare outcomes. By monitoring the performance of states and encouraging innovation, it plays a key role in shaping the future of health governance and sustainable development in India.

86. (A) Both A and R are true and R is the correct explanation of A.
Centrally Sponsored Schemes are essential for achieving national health goals because they provide states with the necessary financial resources and policy guidance. These programs leverage central funding to address public health issues that are of national importance, such as disease eradication and immunization. By supporting state-level implementation, these schemes ensure that national targets are met across diverse regional contexts effectively.

87. (A) Regulating the price of surgical stents
The Food Safety and Standards Authority focuses on regulating food quality and safety standards

the country while respecting the roles of state governments.

53. (C) Both Statement I and Statement II are correct.
The Drugs Controller General of India leads the national regulatory body for pharmaceuticals and is responsible for setting standards for drug quality. Their duties include approving licenses for specific drug categories and overseeing the safety of medications entering the market. This centralized regulation is essential for ensuring that all drugs available in the country are safe, effective, and of high quality.

54. (A) Both A and R are true and R is the correct explanation of A.
The Food Safety and Standards Authority of India establishes science-based standards for food products to protect public health. By regulating the entire food supply chain, it ensures that citizens have access to safe and wholesome nutrition. This rigorous regulatory framework is vital for preventing foodborne illnesses and promoting overall health through the consumption of standardized and high-quality food items.

55. (A) NPPA
The National Pharmaceutical Pricing Authority is responsible for regulating the prices of medical devices that are officially notified as drugs under the law. This price control ensures that essential medical technologies, such as stents or implants, remain affordable for patients. By preventing excessive pricing, the authority helps in reducing the financial burden of specialized medical treatments and improving access to care.

56. (D) CBHI
The Central Bureau of Health Intelligence is the organization primarily responsible for publishing the "Health Status Indicators" report. This publication provides a comprehensive overview of the national health landscape, including data on demographics, diseases, and healthcare infrastructure. Such reports are vital for researchers and policy makers to understand trends and evaluate the effectiveness of various public health interventions and strategies.

57. (A) P-1, Q-2, R-3, S-4
The National Centre for Disease Control is organized into several specialized divisions, each focusing on a different aspect of disease management. These include studying disease patterns, providing laboratory diagnosis, and managing diseases that spread from animals to humans. Additionally, a dedicated division focuses on vector-borne illnesses, ensuring a comprehensive and technical approach to monitoring and controlling various infectious health threats.

58. (B) Inflexible "one-size-fits-all" model
A significant challenge of centralized health governance is the tendency to apply uniform policies that may not account for regional differences. This "one-size-fits-all" approach can lead to inefficiencies when local health needs or cultural contexts are ignored. Effective governance must balance national policy direction with enough flexibility to allow for locally adapted solutions that address specific health challenges in various states.

59. (D) Decentralized disease surveillance
The Integrated Disease Surveillance Programme is designed to promote decentralized disease monitoring by strengthening surveillance units at the district and state levels. This structure allows for the early detection of local outbreaks and rapid public health responses. By empowering local authorities with data and technical support, the program enhances the country's ability to manage infectious diseases and prevent large-scale epidemics.

60. (A) 2-1-3
The administrative hierarchy of health governance starts with the Ministry at the top level, which provides broad political and policy leadership. Below the Ministry is the Department, which handles specialized administrative and executive functions. The Directorate General of Health Services acts as the technical wing, providing expert advice and implementing medical standards. This structured hierarchy ensures clear lines of authority and coordination.

61. (B) To analyze and disseminate health data
The Central Bureau of Health Intelligence plays a vital role by collecting, analyzing, and

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96. (A) Both A and R are true and R is the correct explanation of A.
Parliamentary oversight is a vital part of democracy, ensuring that the health ministry is held accountable for its performance and policies. Through questions and debates, members of Parliament can highlight regional health issues and push for improvements in medical infrastructure. This constant scrutiny ensures that the executive remains responsive to the needs of the public and that health programs are implemented effectively.

97. (D) Number of doctors trained
Process indicators measure the activities and steps taken within the healthcare system to achieve specific health outcomes. The number of doctors trained is a key process indicator as it reflects the system's capacity to provide medical services and its commitment to developing human resources. Monitoring such indicators helps in assessing the progress of health policies and identifying areas where operational improvements are necessary.

98. (C) Ministry of Chemicals and Fertilizers
The National Pharmaceutical Pricing Authority operates under the administrative control of the Ministry of Chemicals and Fertilizers. This arrangement is due to the historical and administrative link between the pharmaceutical industry and the broader chemical sector. The authority works within this framework to regulate drug prices, ensuring that essential medicines remain affordable while supporting the growth of the national pharmaceutical industry.

99. (B) To provide a roadmap for universal health coverage
The National Health Policy of 2017 serves as a comprehensive framework and roadmap for achieving universal health coverage in India. It outlines strategies for strengthening the public health system, improving access to essential services, and reducing financial risks for patients. By setting clear targets and priorities, the policy aims to ensure that all citizens have access to the healthcare they need.

100. (D) Coordination between Union and States
The Central Council of Health and Family Welfare was established to promote effective coordination between the union and state governments on health-related matters. It provides a formal platform for discussing national policies and resolving administrative issues that require mutual cooperation. This collaborative approach is essential for maintaining a unified national health strategy while respecting the constitutional responsibilities of both levels of government.

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70. (C) Medical Council of India (MCI)
The National Medical Commission was established to replace the Medical Council of India as the country's primary medical education regulator. This transition was aimed at improving the transparency and quality of medical training and ensuring high professional standards. The commission is responsible for overseeing medical colleges, regulating tuition fees, and maintaining the national register of medical practitioners to enhance healthcare quality.

71. (C) Both Statement I and Statement II are correct.
Health governance in India is a shared responsibility, with the central government providing the broad policy framework and national standards. State governments are primarily responsible for the actual delivery of health services and the management of public health facilities within their borders. This federal structure allows for national coordination while ensuring that service delivery is adapted to meet local healthcare needs.

72. (D) Functional Grievance Redressal Cell
Accountability in healthcare facilities is improved through mechanisms like grievance redressal cells, which provide a platform for patients to voice concerns. These cells ensure that hospital management is responsive to the needs and complaints of the public, leading to better service quality. By holding healthcare providers accountable for their performance, such systems help build trust and improve patient satisfaction in public hospitals.

73. (A) 1 and 2 only
The National Health Authority focuses on the strategic purchasing of healthcare services to ensure value for money in public health spending. It also implements robust systems for fraud and abuse control to maintain the integrity of insurance programs like PM-JAY. While it manages high-level program operations, the direct recruitment of doctors for districts remains the responsibility of state health departments.

74. (D) 0 to 100
The SDG India Index ranks states on a scale from zero to one hundred, where a higher score indicates better progress toward achieving sustainable development goals. This standardized scoring system allows for a clear comparison between different states and union territories. It also helps in identifying areas where more intensive efforts are required to meet national and global developmental targets by twenty-thirty.

75. (D) To facilitate inter-ministerial coordination
The Cabinet Secretariat plays a vital role in health governance by facilitating coordination between various ministries on complex issues that require a multi-sectoral response. It ensures that decisions made by the Union Cabinet are implemented effectively across different departments. By resolving administrative bottlenecks, the secretariat helps in the smooth execution of national health policies and other critical government initiatives across India.

76. (A) Both A and R are true and R is the correct explanation of A.
Promoting a digital health ecosystem is a key priority of the 2017 policy because it enhances the continuity of patient care. Digital records allow for the efficient sharing of health information between providers, leading to better clinical outcomes. Furthermore, the data generated through these systems provides valuable insights for policy making and improving the overall management of the health sector.

77. (B) Opacity
Good health governance is built on principles of consensus, efficiency, and inclusiveness to ensure that the healthcare system serves everyone fairly. Opacity, or a lack of transparency, is the opposite of these principles and can lead to corruption and mistrust. Maintaining openness in decision-making and resource allocation is essential for building a robust and accountable public health system for the entire population.

78. (B) Department of Pharmaceuticals
The Pradhan Mantri Bhartiya Janaushadhi Pariyojana is managed by the Department of Pharmaceuticals to provide high-quality generic medicines at affordable prices. By establishing specialized pharmacies across the country, the program aims to reduce the financial burden of healthcare on common citizens. This initiative is a key part of the government's strategy to improve

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1. Technical implementation of NHM
2. Village level health planning
3. District level supervision
4. Village sanitation and nutrition

(A) P-2, Q-4, R-3, S-1
(B) P-4, Q-2, R-1, S-3
(C) P-1, Q-3, R-4, S-2
(D) P-3, Q-1, R-2, S-4

10. What does the acronym VHSNC stand for in the context of rural health governance?
(A) Village Health, Sanitation, and Nutrition Committee
(B) Village Health, Safety, and National Council
(C) Village Hygiene, Security, and Nursing Committee
(D) Village Holistic Sanitation and Nutrition Center

11. Which body acts as the subcommittee of the Gram Panchayat for health-related issues?
(A) Block Development Committee
(B) Village Health Sanitation and Nutrition Committee
(C) District Planning Committee
(D) State Health Society

12. Arrange the following health planning units in ascending order (from lowest to highest level):
1. District Health Action Plan
2. Village Health Action Plan
3. Block Health Action Plan
4. State Health Action Plan

(A) 1-2-3-4
(B) 2-1-3-4
(C) 2-3-1-4
(D) 4-1-3-2

13. Who usually serves as the Chairperson of the Village Health Sanitation and Nutrition Committee (VHSNC)?
(A) Gram Pradhan/Sarpanch
(B) District Magistrate
(C) Medical Officer In-charge
(D) Block Development Officer

14. What is the purpose of the 'Untied Funds' provided to the VHSNC?
(A) Paying salaries and monthly allowances to the Medical Officers
(B) Constructing large-scale district hospitals and specialized units
(C) Meeting local health needs and emergency medical requirements
(D) Funding international travel and overseas training for officials

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15. Consider the following statements regarding the VHSNC:
1. It ensures community participation in health planning.
2. It is responsible for monitoring the nutritional status of children in the village.
3. It has no role in the maintenance of village sanitation.

Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

16. How does the Gram Sabha contribute to local health governance?
(A) Performing complex diagnostic tests and specialized medical procedures
(B) Reviewing the district-wide budget for medical college infrastructure
(C) Approving the annual health plan and reviewing local health activities
(D) Appointing the Union Health Minister and senior medical advisors

17. Which level of the Panchayat system is primarily responsible for coordinating health activities at the block level?
(A) Zila Parishad
(B) Panchayat Samiti
(C) Gram Panchayat
(D) Nyaya Panchayat

18. Read the following statements and select the correct option:
Assertion (A): The Gram Sabha acts as a platform for social audit of health services.
Reason (R): Social audit promotes transparency and accountability in the delivery of health programs.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.

(D) A is false but R is true.

19. Which body is responsible for district-level health governance and monitoring of National Health Mission (NHM) activities?
(A) Zila Parishad
(B) Gram Sabha
(C) Block Development Office
(D) Village Committee

20. Which of the following is an INCORRECT pair regarding health governance?
(A) 73rd Amendment - Panchayati Raj Institutions
(B) 11th Schedule - Rural Health Subjects
(C) 12th Schedule - Village Nutrition Committees
(D) 74th Amendment - Urban Local Bodies

21. Match List I with List II and select the correct answer using the codes given below:
List I: (Term)
P. ASHA
Q. ANM
R. DHAP
S. Untied Fund
List II: (Description)
1. Link worker between community and health system
2. Technical person managing Sub-centre
3. Comprehensive health planning for the district
4. Flexible fund for local health priorities
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

22. Which entity provides the institutional framework for implementing health programs at the district level?
(A) Ministry of External Affairs
(B) State Health Society
(C) Central Health Bureau
(D) District Health Society

23. Who is the administrative head (Chairman) of the Governing Body of the District Health Society?
(A) Chief Medical Officer
(B) District Magistrate/Collector
(C) Member of Parliament
(D) Block Pramukh

24. What is the correct sequence of the decentralization process in health planning?
1. Identification of local health needs
2. Preparation of Village Health Plan
3. Integration into District Health Action Plan
4. Approval by Gram Sabha
(A) 1-2-4-3
(B) 1-4-2-3
(C) 2-1-4-3
(D) 4-1-2-3

25. What is the District Health Action Plan (DHAP)?
(A) A plan for state-wide infrastructure development and road connectivity
(B) A training manual for international medical graduates and specialists
(C) A census report on national demographic shifts and migration
(D) A document outlining district goals and resource allocation

26. To which local body is the ASHA (Accredited Social Health Activist) primarily accountable?
(A) Panchayat/VHSNC
(B) State Health Ministry
(C) District Civil Hospital
(D) National Medical Commission

27. Consider the following statements regarding the role of ANM in local health governance:
1. She serves as the member-secretary of the VHSNC in many states.
2. She acts as a technical link between the Sub-centre and the Panchayat.
3. She is responsible for the financial audit of the Zila Parishad.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

28. Which administrative unit is responsible for the overall management of a Sub-centre in the rural health tier?
(A) Municipal Corporation
(B) Gram Panchayat
(C) State Secretariat

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(D) Union Cabinet

29. Which schedule of the Indian Constitution lists the health functions of Urban Local Bodies?
(A) 9th Schedule
(B) 10th Schedule
(C) 11th Schedule
(D) 12th Schedule

30. Read the following statements and select the correct option:
Assertion (A): Urban Local Bodies (ULBs) are responsible for the registration of births and deaths.
Reason (R): Vital statistics registration is essential for urban health planning and civil records.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which of the following is NOT a health-related subject for municipalities under the 12th Schedule?
(A) Public health and sanitation
(B) Solid waste management
(C) Regulation of slaughterhouses
(D) Space research and development

32. Which body governs health services in large urban metropolitan areas?
(A) Gram Panchayat
(B) Block Samiti
(C) Municipal Corporation
(D) Nyaya Panchayat

33. Match List I with List II and select the correct answer using the codes given below:
List I: (Urban Health Unit)
P. Urban Primary Health Centre (UPHC)
Q. Urban Health and Wellness Centre
R. Slum Health Governance
S. Solid Waste Management
List II: (Governance Agency)
1. Municipal Corporation/ULB
2. Ward Committees
3. Urban Local Bodies
4. Health Department of ULB
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-1, Q-3, R-2, S-4
(D) P-4, Q-1, R-3, S-2

34. What is the role of Urban Local Bodies in the management of Urban Primary Health Centres (UPHCs)?
(A) They have no role in urban health
(B) They report directly to the World Health Organization
(C) They are only responsible for rural areas
(D) They provide infrastructure and administrative oversight

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35. Which initiative focuses on improving health infrastructure and technology-driven health governance in selected Indian cities?
(A) Smart Cities Mission
(B) Swachh Bharat Abhiyan
(C) Make in India
(D) National Digital Health Mission

36. Consider the following statements about Urban Health and Wellness Centres (UHWC):
1. They are designed to provide primary healthcare closer to urban communities.
2. They are managed under the oversight of Urban Local Bodies.
3. They only provide tertiary care and major surgeries.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

37. Who is responsible for providing basic health and sanitation services in urban slums?
(A) Urban Local Bodies (ULBs)
(B) International NGOs
(C) Village Panchayats
(D) Private Corporate Houses

38. Which health-related function is a mandatory responsibility of Municipalities to prevent epidemics?
(A) Issuing passports and travel documents
(B) Managing stock exchanges and financial markets
(C) Regulating telecommunications and

internet services
(D) Solid waste management and sewerage

39. Read the following statements and select the correct option:
Assertion (A): Solid waste management is considered a critical public health function of ULBs.
Reason (R): Improper waste disposal can lead to the spread of vector-borne and water-borne diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

40. Which of the following is a key responsibility of the State Health Society?
(A) Managing village sanitation funds directly
(B) Conducting door-to-door surveys in every village
(C) Providing state-level policy direction and fund flow management
(D) Supervising the cleaning of municipal drains

41. What is the primary focus of a Block Health Action Plan (BHAP)?
(A) Formulating global health strategy and international policies
(B) Regulating national level pharmaceutical pricing and distribution
(C) Managing international border health and migration protocols
(D) Consolidating village health needs at the block level

42. Match List I with List II and select the correct answer using the codes given below:
List I: (Function)
P. Family Welfare
Q. Vital Statistics
R. Public Health
S. Sanitation
List II: (Subject in 11th/12th Schedule)
1. Item 24 (11th Schedule)
2. Item 16 (12th Schedule)
3. Item 23 (11th Schedule)
4. Item 6 (12th Schedule)
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

43. Which of the following is an example of community participation in health governance?
(A) Centralized planning by the Planning Commission
(B) Involvement of local residents in the VHSNC
(C) Appointment of health ministers by the President
(D) Decisions made by pharmaceutical companies

44. What does the term 'Jan Sunwai' refer to in the context of health accountability?
(A) A secret government meeting for high-level policy officials
(B) A public hearing for grievance redressal and social audit
(C) A medical entrance examination for specialized surgeons
(D) A legislative session of the Parliament for passing laws

45. Consider the following statements regarding social audit in health:
1. It involves the community in reviewing the performance of health programs.
2. It helps in identifying gaps in service delivery at the local level.
3. It is conducted exclusively by the Auditor General of India.
Which of the statements given above are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

46. What is the "3F" challenge in local health governance?
(A) Food, Fasting, and Fitness
(B) Fever, Flu, and Fractures
(C) Funds, Functions, and Functionaries
(D) Finance, Foreign-policy, and Forests

47. In the context of decentralization, what does the term 'Functionaries' refer to?
(A) The laws passed by the Parliament for

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national governance
(B) The office buildings of the Ministry and the Secretariat
(C) The financial grants from the World Bank for infrastructure
(D) The personnel required to carry out duties at the local level

48. Read the following statements and select the correct option:
Assertion (A): Many Panchayats struggle to implement health functions despite the 73rd Amendment.
Reason (R): There is often a lack of adequate transfer of funds and trained functionaries to the local level.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

49. Which of the following is a challenge related to 'Funds' in local health governance?
(A) Excessive surplus of money at the village level
(B) Delay in the release of untied funds to VHSNCs
(C) Too many doctors available in rural areas
(D) High literacy rates among the community

50. The management of sewerage and drainage is a health-related function of:
(A) Gram Sabhas only
(B) National Sports Authority
(C) State Forest Departments
(D) Urban Local Bodies (ULBs)

51. Match List I with List II and select the correct answer using the codes given below:
List I: (Challenge)
P. Funds
Q. Functions
R. Functionaries
S. Social Audit
List II: (Definition)
1. Financial resources
2. Assigned duties/tasks
3. Human resources/Staff
4. Accountability mechanism
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

52. Which of the following is a primary duty of the VHSNC regarding nutrition?
(A) Exporting food grains and agricultural products to other countries
(B) Setting prices for commercial snacks and packaged food items
(C) Monitoring the Mid-Day Meal and Anganwadi services in the village
(D) Running private restaurants and commercial catering businesses

53. Who is the member-secretary of the District Health Society?
(A) Chief Medical Officer (CMO)
(B) District Magistrate
(C) Superintendent of Police
(D) District Education Officer

54. Which amendment is associated with the 12th Schedule?
(A) 71st Amendment
(B) 72nd Amendment
(C) 73rd Amendment
(D) 74th Amendment

55. Which of the following is NOT a component of the 3F challenges?
(A) Lack of Funds
(B) Excess of Festivals
(C) Shortage of Functionaries
(D) Overlap of Functions

56. What is the role of the Panchayat Samiti in health?
(A) Conducting heart surgeries and advanced medical procedures
(B) Drafting the National Health Policy and setting national goals
(C) Coordinating health programs between Gram Panchayat and Zila Parishad
(D) Licensing pharmaceutical companies and regulating drug sales

57. The 'Health and Sanitation' committee in a Municipal Corporation is responsible for:
(A) Regulating air traffic and managing flight

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paths
(B) Managing the local police force and maintaining law
(C) Collection of income tax and corporate revenue taxes
(D) Controlling urban pollution and disease outbreaks

58. Which of the following statements about the District Health Action Plan (DHAP) is INCORRECT?
(A) It is prepared by the Ministry of External Affairs in Delhi.
(B) It is based on the requirements of the local population.
(C) It integrates rural and urban health needs of the district.
(D) It serves as a basis for resource allocation under NHM.

59. Registration of births and deaths is a statutory function performed by:
(A) Post offices
(B) Local bodies (Panchayats/Municipalities)
(C) Private hospitals only
(D) Schools and colleges

60. Community-based monitoring of health services is a key element of:
(A) Centralized governance
(B) Local health governance
(C) Corporate governance
(D) Military governance

61. Which of the following identifies the 'Correct Pair'?
(A) VHSNC - Village level health committee
(B) ASHA - Urban slum volunteer only
(C) Zila Parishad - State level policy maker
(D) ANM - District Magistrate's assistant

62. What is the main objective of decentralizing health governance?
(A) To make the system more bureaucratic
(B) To reduce the number of local hospitals
(C) To bring service delivery closer to the people
(D) To centralize all health funds in the capital

63. Which level of governance is primarily responsible for 'slum improvement and upgradation' including health?
(A) Gram Panchayat
(B) International Red Cross
(C) Central Government
(D) Urban Local Bodies

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64. What is the function of the 'Governing Body' of a District Health Society?
(A) Daily clinical treatment of patients
(B) Cleaning the hospital premises
(C) Policy decisions and approval of the health plan
(D) Manufacturing medicines

65. Which of the following is an example of a health 'Functionary' at the village level?
(A) Member of Parliament
(B) ASHA worker
(C) Supreme Court Judge
(D) Cabinet Secretary

66. The concept of 'Jan Sunwai' helps in:
(A) Increasing corruption
(B) Decreasing community participation
(C) Delaying health projects
(D) Improving transparency and service delivery

67. Which of the following is a health-related subject under the 12th Schedule (Item 6)?
(A) Public health, sanitation conservancy, and solid waste management
(B) Promotion of cultural activities and preservation of heritage
(C) Urban forestry and development of recreational ecological parks
(D) Regulation of land-use and construction of commercial buildings

68. The primary link between the community and the public health system in rural India is:
(A) The Governor
(B) The District Judge
(C) The ASHA worker
(D) The Bank Manager

69. Which of the following statements about the VHSNC is INCORRECT?
(A) It is not required to meet regularly.
(B) It has a dedicated untied fund.
(C) It includes representatives from the community.
(D) It focuses on nutrition and sanitation.

70. The 74th Amendment Act is also known as:
(A) The Panchayati Raj Act
(B) The GST Act
(C) The Right to Education Act
(D) The Nagarpalika Act

71. Who prepares the Block Health Action Plan?
(A) The Village Postman as part of the local communication network
(B) Block Medical Officer in consultation with local stakeholders
(C) The Prime Minister as the head of the national executive body
(D) The WHO representative as an international health consultant

72. What is the most appropriate role of the Zila Parishad in health governance?
(A) To provide technical clinical advice to specialized surgeons
(B) To manage state-level medical colleges and research hospitals
(C) To oversee and integrate district-wide health programs
(D) To negotiate international health loans and global trade deals

73. 'Vital Statistics' including registration of births and deaths is mentioned in which schedule for ULBs?
(A) 7th Schedule
(B) 8th Schedule
(C) 11th Schedule
(D) 12th Schedule

74. Which of the following is a challenge of 'Functionaries' in local health?
(A) Absenteeism and lack of technical skills at the local level
(B) Having too many trained medical staff available at the village
(C) Staff refusing to take salaries and regular monthly allowances
(D) Maintaining an excessively high staff-to-patient ratio in clinics

75. Urban Health and Wellness Centres (UHWC) are part of which national mission?
(A) Fit India
(B) Ayushman Bharat (National Health Mission)
(C) Skill India
(D) Startup India

76. Which of the following is a core function of the Gram Panchayat regarding the Sub-centre?
(A) Hiring international consultants for urban planning
(B) Facilitating land and water supply for the Sub-centre
(C) Conducting cardiac surgeries and kidney transplants
(D) Auditing the World Bank and global financial funds

77. The term 'Sanitation' in local governance includes:
(A) Waste management, clean water, and toilet facilities
(B) Only sweeping of streets and maintenance of pathways
(C) Only building of high-rise apartments and offices
(D) Only planting of ornamental trees and floral hedges

78. Which body is responsible for the health of people living in areas under a Municipal Council?
(A) Forest Department
(B) Gram Panchayat
(C) Urban Local Body (ULB)
(D) Railway Board

79. What is a key feature of 'Smart Cities' health governance?
(A) Removing all hospitals from the city to reduce urban congestion
(B) Discouraging use of technology in clinics to save electricity
(C) Moving all health services to rural areas for better distribution
(D) Using digital tools for health monitoring and better infrastructure

80. Which of the following is an INCORRECT statement about ASHA workers?
(A) They are local women residents within the village community
(B) They are trained as health educators and community advocates
(C) They are permanent employees receiving a

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fixed monthly salary
(D) They facilitate access to immunization and maternal services

81. The 11th Schedule contains how many items in total?
(A) 12 items
(B) 18 items
(C) 29 items
(D) 44 items

82. How many items are listed in the 12th Schedule for Urban Local Bodies?
(A) 10 items
(B) 18 items
(C) 25 items
(D) 29 items

83. Which of the following best describes 'Accountability' in health governance?
(A) The obligation of health providers to report on their performance
(B) Avoiding any personal responsibility for negative health outcomes
(C) Keeping health records secret from the public and local residents
(D) Only the Central government being responsible for all local deaths

84. 'Item 25' of the 11th Schedule relates to:
(A) Technical training
(B) Health and sanitation
(C) Women and child development
(D) Rural electrification

85. Which of the following is a 'Correct Statement' regarding the District Health Society?
(A) It is a registered society under the Societies Registration Act
(B) It is a private company aimed at making profits for stakeholders
(C) It has no government officials or elected leaders as members
(D) It only deals with animal health and veterinary medical services

86. Solid Waste Management (SWM) is critical for preventing which type of diseases?
(A) Genetic diseases and inherited traits
(B) Nutritional deficiencies and dietary gaps
(C) Occupational hearing loss and noise stress
(D) Communicable and vector-borne diseases

87. What is the role of the Gram Sabha in health planning?
(A) It has no role in planning or monitoring local health services
(B) Identifying beneficiaries for health schemes and approving plans
(C) It performs laboratory tests and complex chemical examinations
(D) It manufactures vaccines and develops new pharmaceutical drugs

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88. Which of the following is an exception to the functions of a Municipality (EXCEPT)?
(A) Burials and burial grounds
(B) Vital statistics
(C) National Defense and Security
(D) Public health and sanitation

89. Untied funds are audited by which of the following?
(A) Local sports clubs and athletic teams
(B) The ASHA worker personally and daily
(C) Private medical shops and pharmacies
(D) The Gram Sabha and higher authorities

90. In health governance, what does 'convergence' mean?
(A) Different departments (Health, Water, Nutrition) working together
(B) Competing between different departments for larger budget shares
(C) Shutting down local clinics and health outposts in the village
(D) Centralizing all powers in one person at the state level office

91. Which of the following is NOT a responsibility of the Village Health Sanitation and Nutrition Committee (VHSNC)?
(A) Planning village health activities
(B) Formulating national fiscal and monetary policy
(C) Managing village sanitation and hygiene
(D) Monitoring child nutrition and health services

92. The State Health Society is chaired by:
(A) The Chief Justice of the High Court
(B) The Chief Secretary or Health Secretary

(C) The Prime Minister
(D) The Governor

93. Urban Primary Health Centres (UPHCs) cater to a population of approximately:
(A) 50
(B) 5,000
(C) 50,000
(D) 5,00,000

94. Which of the following is considered a CHALLENGE in local health governance?
(A) Empowered communities
(B) Decentralized decision making
(C) Political interference in technical matters
(D) Transparency through social audits

95. 'Jan Sunwai' is an example of which type of governance tool?
(A) Clinical tool
(B) Surgical tool
(C) Financial investment tool
(D) Accountability tool

96. Which level of government provides the 'State Health Action Plan' guidelines?
(A) Gram Panchayat
(B) Municipal Ward Committee
(C) State Government (State Health Society)
(D) Village School Committee

97. What is the frequency of VHSNC meetings as per NHM guidelines?
(A) Once every 10 years
(B) Once a month
(C) Once a day
(D) Only during elections

98. Which of the following is an INCORRECT pair?
(A) 73rd Amendment - Rural areas
(B) 74th Amendment - Urban areas
(C) 11th Schedule - 18 items
(D) 12th Schedule - 18 items

99. The goal of 'Health for All' at the local level is achieved through:
(A) Decentralized governance and community participation
(B) Reducing the number of doctors in rural hospitals
(C) Increasing the cost of medicines and medical tests
(D) Eliminating local bodies and panchayati raj systems

100. Which of the following summarizes the 'Challenges' of local health governance?
(A) Too much power given to local people
(B) No need for health services in villages
(C) Lack of authority and resources at the local level
(D) Excessive funding from the central government

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ANSWERS

1. (B) Transfer of authority and responsibility from central to local levels
Decentralization in health governance involves shifting power and decision-making from centralized national bodies to regional or local entities. This process aims to make healthcare services more responsive to local needs and improve community engagement. By empowering local governments, the system can more effectively manage resources and tailor interventions to the specific health challenges of various populations.

2. (D) 73rd Amendment Act
The 73rd Constitutional Amendment Act, passed in 1992, established a formal framework for rural local self-governance in India. It mandated the creation of Panchayati Raj Institutions at three levels. This legislation specifically included health-related functions in the list of subjects to be devolved to these rural bodies, empowering them to manage local public health services.

3. (A) 1 and 2 only
The 73rd Amendment established a three-tier system of Panchayats and provided a list of subjects for devolution, including health and sanitation. While it empowers local bodies, health remains a concurrent responsibility rather than being mandatory for the Central Government alone. This structure facilitates decentralized planning and implementation of health programs through local representative institutions to ensure better service delivery.

4. (D) Item 23
The 11th Schedule of the Indian Constitution contains twenty-nine subjects that can be devolved to Panchayats for rural development. Item 23 specifically identifies health and sanitation, including hospitals, primary health centers, and dispensaries. This provision grants Panchayats the constitutional authority to oversee and manage public health facilities and sanitation initiatives within their respective rural jurisdictions.

5. (A) Family welfare
Item 24 of the 11th Schedule focuses on family welfare services in rural areas. This inclusion allows Panchayati Raj Institutions to participate in the planning and implementation of reproductive and child health programs. By having local control over these services, communities can better address population stabilization goals and maternal health needs through localized outreach and administrative monitoring.

6. (A) Both A and R are true and R is the correct explanation of A.
The 73rd Constitutional Amendment Act provides the legal foundation for Gram Panchayats to manage local health facilities. This empowerment is directly derived from the inclusion of health as a specific subject within the 11th Schedule of the Constitution. Therefore, the statutory framework and the list of devolved subjects work together to facilitate decentralized management of rural healthcare services.

7. (B) Managing local health resources and supervising health staff
Gram Panchayats play a critical role in local health governance by managing essential health resources and supervising frontline workers. They ensure that primary health centers and sub-centers are functioning effectively for the community. Their supervisory role includes monitoring staff attendance and the quality of services provided, ensuring that health interventions align with the specific needs of the villagers.

8. (C) Atomic energy research
The 11th Schedule lists subjects related to rural development and social welfare, such as health, sanitation, family welfare, and women and child development. Atomic energy research is a strategic national subject under the Union List and does not fall under the purview of local rural bodies. Consequently, it is excluded from the functions devolved to the Panchayati Raj system.

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9. (A) P-2, Q-4, R-3, S-1
Different institutional levels perform specific roles within the health governance framework. Gram Panchayats lead village health planning, while the Village Health, Sanitation, and Nutrition Committee handles grassroots sanitation and nutrition. On a broader scale, Zila Parishads provide district-level supervision, and the District Health Society manages the technical implementation of initiatives under the National Health Mission at the district level.

10. (A) Village Health, Sanitation, and Nutrition Committee
This acronym refers to the Village Health, Sanitation, and Nutrition Committee, a grassroots body established under the National Health Mission. It serves as a subcommittee of the Gram Panchayat, focusing on public health, sanitation, and nutritional outcomes. This committee ensures community-level coordination for health planning and provides a platform for residents to participate in local health-related decision-making processes.

11. (B) Village Health Sanitation and Nutrition Committee
The Village Health, Sanitation, and Nutrition Committee acts as a dedicated subcommittee under the Gram Panchayat to handle specific health and social issues. By focusing on nutrition, hygiene, and local health services, this body ensures that the Panchayat can address complex welfare needs effectively. It creates a direct link between the local government and community-level health service delivery.

12. (C) 2-3-1-4
Health planning in a decentralized system begins at the grassroots level and moves upward. It starts with the Village Health Action Plan, which is then consolidated into the Block Health Action Plan. Subsequently, these plans are integrated into the District Health Action Plan. Finally, the State Health Action Plan is developed by aggregating and aligning the goals from the district level.

13. (A) Gram Pradhan/Sarpanch
The Gram Pradhan or Sarpanch typically serves as the Chairperson of the Village Health, Sanitation, and Nutrition Committee. This leadership ensures that the committee has the political and administrative support of the Gram Panchayat. Having the village head lead the committee facilitates better resource allocation and ensures that health issues remain a priority in local administrative agendas and community meetings.

14. (C) Meeting local health needs and emergency medical requirements
Untied funds are flexible financial resources provided to committees to address urgent and specific local health priorities. These funds are not restricted to pre-defined categories, allowing committees to respond quickly to village-level emergencies, repair local health facilities, or conduct sanitation drives. This financial flexibility is essential for empowering communities to solve immediate problems without waiting for centralized approvals or budgetary allocations.

15. (A) 1 and 2 only
The Village Health, Sanitation, and Nutrition Committee is designed to promote community participation and monitor local services like child nutrition. However, it also plays a significant role in maintaining village sanitation, contrary to claims of having no such responsibility. This comprehensive mandate allows the committee to address the social determinants of health effectively through integrated local planning and active monitoring.

16. (C) Approving the annual health plan and reviewing local health activities
The Gram Sabha, consisting of all adult residents in a village, acts as a primary forum for local health governance. It is responsible for approving the annual health plan and reviewing the performance of various health activities and frontline workers. This process ensures transparency and allows the community to hold local health committees and service providers accountable for their performance and outcomes.

17. (B) Panchayat Samiti
The Panchayat Samiti functions as the intermediate tier of the Panchayati Raj system at the block level. Its primary health role is to coordinate activities between the Gram Panchayats and the Zila Parishad. By overseeing several village plans, the Panchayat Samiti ensures that health programs are implemented consistently across

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the block and that resources are distributed according to regional requirements.

18. (A) Both A and R are true and R is the correct explanation of A.
The Gram Sabha serves as a vital platform for conducting social audits of local health services. By allowing community members to review expenditures and service quality, social audits promote transparency and accountability in health programs. This direct oversight helps identify gaps in delivery and ensures that public health resources are used effectively to benefit the entire local population as intended.

19. (A) Zila Parishad
Zila Parishads serve as the apex tier of the Panchayati Raj system at the district level. They are responsible for the overall governance, monitoring, and coordination of health programs within the district. By reviewing the progress of various health schemes, the Zila Parishad ensures that resources are utilized efficiently to meet local healthcare objectives and align with national health mission goals.

20. (C) 12th Schedule - Village Nutrition Committees
The 12th Schedule of the Constitution pertains specifically to the functions of Urban Local Bodies, not village-level committees. Village Nutrition Committees and other rural development subjects are addressed under the 11th Schedule. This distinction is crucial for understanding the different legal frameworks that govern rural and urban local self-governance, ensuring that administrative responsibilities are assigned to the appropriate local authorities.

21. (A) P-1, Q-2, R-3, S-4
Key components of rural health governance have distinct roles. The ASHA acts as a community link worker, while the ANM provides technical management at the health sub-centre. Planning is addressed through the District Health Action Plan, which provides a comprehensive strategy. Financial flexibility is ensured through the Untied Fund, which allows for the localized addressing of health and sanitation priorities.

22. (D) District Health Society
The District Health Society provides the primary institutional framework for implementing health programs at the district level under the National Health Mission. It serves as a dedicated platform for fund management, program coordination, and technical support. By bringing together health officials and local leaders, the society ensures that national and state health strategies are translated into effective local health actions.

23. (B) District Magistrate/Collector
The District Magistrate or Collector serves as the administrative head of the Governing Body of the District Health Society. This leadership position provides the necessary administrative authority to coordinate between various government departments. By having the district's highest administrative official as the chair, the society can effectively mobilize resources, resolve inter-departmental issues, and ensure the successful implementation of health initiatives.

24. (A) 1-2-4-3
Decentralized health planning follows a logical sequence starting with identifying local needs. Once needs are identified, a Village Health Plan is drafted and subsequently presented to the Gram Sabha for community approval. Finally, these approved local plans are integrated into the comprehensive District Health Action Plan to ensure that district-level resource allocation reflects the actual requirements of the constituent villages.

25. (D) A document outlining district goals and resource allocation
The District Health Action Plan is a strategic document that outlines specific health goals and resource allocation for a district. It integrates needs from various blocks and villages to create a cohesive implementation strategy. This plan serves as the basis for funding under the National Health Mission, ensuring that health investments are data-driven and targeted toward improving local health outcomes.

26. (A) Panchayat/VHSNC
The Accredited Social Health Activist is primarily accountable to the local Gram Panchayat and the Village Health, Sanitation, and Nutrition Committee. This local accountability ensures that the activist remains responsive to the needs of the community residents. By being answerable to local bodies, the activist's performance is

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monitored by those who directly receive the health education and facilitation services provided.

27. (A) 1 and 2 only
The Auxiliary Nurse Midwife plays a technical role in local governance by serving as the member-secretary of village health committees and linking sub-centres to the Panchayat. However, she is not responsible for financial audits of the Zila Parishad, as auditing is handled by specialized financial officers. Her expertise is focused on clinical support, immunization, and facilitating local health planning activities.

28. (B) Gram Panchayat
The Gram Panchayat is the administrative unit responsible for the overall management and oversight of the health sub-centre at the village level. It ensures the facility has necessary infrastructure, such as water and electricity, and monitors the regular attendance of staff. This local oversight is intended to make primary healthcare services more accessible and reliable for the rural population.

29. (D) 12th Schedule
The 12th Schedule of the Indian Constitution, added by the 74th Amendment Act, lists eighteen functional items for Urban Local Bodies. This schedule includes critical public health services, sanitation, and waste management responsibilities for municipalities and corporations. It provides the constitutional basis for urban governments to manage health infrastructure and disease prevention programs within city limits to ensure urban wellbeing.

30. (A) Both A and R are true and R is the correct explanation of A.
Urban Local Bodies are legally mandated to register births and deaths within their jurisdictions. This function is essential because vital statistics provide the necessary data for effective urban health planning and the maintenance of accurate civil records. By tracking population changes, municipalities can better allocate resources for services like schools, hospitals, and sanitation, ensuring they meet the evolving urban demand.

31. (D) Space research and development
The 12th Schedule lists urban responsibilities such as public health, sanitation, solid waste management, and the regulation of slaughterhouses. Space research and development is a specialized subject handled exclusively by the Central Government and is not a municipal function. Local bodies focus on basic services and infrastructure that directly affect the daily lives and health of urban residents in their areas.

32. (C) Municipal Corporation
In large urban metropolitan areas, the Municipal Corporation is the primary body responsible for governing health services. These corporations have the administrative and financial capacity to manage complex urban health systems, including large hospitals and extensive sanitation networks. Their scale allows them to address the significant public health challenges associated with high population density and diverse socio-economic urban environments.

33. (A) P-1, Q-2, R-3, S-4
Urban health is managed through various units and agencies. Urban Primary Health Centres are typically under the administrative control of the Municipal Corporation. Ward Committees handle health and wellness at the local level, while the broader Urban Local Bodies manage slum health governance. Additionally, the specialized health departments within these bodies are responsible for critical services like solid waste management and sanitation.

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34. (D) They provide infrastructure and administrative oversight
Urban Local Bodies play a vital role in managing Urban Primary Health Centres by providing the necessary physical infrastructure and administrative oversight. They ensure that these facilities are adequately staffed and have the essential supplies to serve the urban population. This localized management allows health services to be more integrated with other municipal services like water supply and waste management for better health.

35. (A) Smart Cities Mission
The Smart Cities Mission focuses on improving urban infrastructure and governance through

the use of technology and data. This initiative includes enhancing health services by implementing digital health monitoring and improving the physical infrastructure of clinics. By integrating smart technology, the mission aims to make urban health governance more efficient, transparent, and responsive to the needs of residents in selected Indian cities.

36. (A) 1 and 2 only
Urban Health and Wellness Centres are designed to provide accessible primary healthcare near urban communities under the oversight of Urban Local Bodies. They focus on preventive and basic curative care rather than tertiary services like major surgeries, which are handled by specialized hospitals. This community-based approach ensures that urban residents can receive timely medical attention for common health issues and chronic diseases.

37. (A) Urban Local Bodies (ULBs)
Urban Local Bodies are responsible for providing basic health and sanitation services in urban slums as part of their developmental mandate. This includes ensuring access to clean water, managing waste, and operating community health centres. By targeting these vulnerable areas, ULBs aim to reduce the health disparities within cities and prevent the spread of diseases in densely populated informal settlements.

38. (D) Solid waste management and sewerage
Municipalities have a mandatory responsibility for solid waste management and sewerage to prevent the outbreak of epidemics. Proper disposal of waste and management of sewage are critical for maintaining public hygiene and preventing the contamination of water sources. These services are fundamental to urban public health, as they directly reduce the risk of water-borne and vector-borne diseases in high-density areas.

39. (A) Both A and R are true and R is the correct explanation of A.
Solid waste management is a critical public health function for Urban Local Bodies because improper disposal creates breeding grounds for disease-carrying vectors. It also leads to the contamination of water and soil, facilitating the spread of various water-borne illnesses. Therefore, efficient waste management is not just a logistical task but a primary strategy for protecting the health of the urban population.

40. (C) Providing state-level policy direction and fund flow management
The State Health Society is responsible for providing policy direction and managing the flow of funds from the central and state governments to the districts. It ensures that health programs are implemented according to national guidelines and that resources are distributed effectively. This state-level coordination is essential for maintaining consistency in health service delivery across different regions and administrative units.

41. (D) Consolidating village health needs at the block level
The primary focus of a Block Health Action Plan is to consolidate the health needs of various villages within the block. It serves as an intermediate planning stage that helps in identifying common regional challenges and coordinating resources between the village and district levels. This consolidation ensures that local requirements are accurately represented in the broader district-level strategy and resource allocation process.

42. (A) P-1, Q-2, R-3, S-4
Health and sanitation functions are distributed across different constitutional schedules. Family welfare is listed under Item 24 of the 11th Schedule, while vital statistics fall under Item 16 of the 12th Schedule. Similarly, general public health is addressed in Item 23 of the 11th Schedule, and urban sanitation is specifically mentioned as Item 6 in the 12th Schedule for municipalities.

43. (B) Involvement of local residents in the VHSNC
Community participation in health governance is best exemplified by the involvement of local residents in the Village Health, Sanitation, and Nutrition Committee. This grassroots engagement allows community members to have a say in identifying local health priorities and monitoring service delivery. By participating directly, residents can ensure that health programs are culturally appropriate and effectively address the specific needs of their village.

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44. (B) A public hearing for grievance redressal and social audit
Jan Sunwai refers to a public hearing held to address grievances and conduct social audits of government programs. In health governance, it provides a transparent platform for community members to raise concerns about service quality or fund misappropriation. These hearings empower citizens to hold officials and service providers accountable, ensuring that health services are delivered fairly and effectively at the local level.

45. (A) 1 and 2 only
Social audits involve the community in reviewing health programs to identify gaps in service delivery and ensure accountability. They are conducted by the community and local stakeholders rather than exclusively by the Auditor General of India. This process promotes transparency and allows for immediate feedback from the people who are directly affected by the quality and availability of local healthcare services.

46. (C) Funds, Functions, and Functionaries
The 3F framework identifies the primary obstacles faced by local bodies in implementing devolved functions effectively. These challenges include the lack of adequate financial resources, clearly defined functional roles, and trained personnel or functionaries. Addressing these three areas is essential for strengthening local health governance and ensuring that Panchayats and municipalities can fulfill their health-related responsibilities and provide quality services.

47. (D) The personnel required to carry out duties at the local level
In the context of decentralization, functionaries refer to the human resources or staff members required to perform specific duties and deliver services at the local level. This includes frontline workers like ASHA and ANM, as well as administrative staff in local government offices. Having adequate and well-trained functionaries is critical for the effective implementation of health programs and local governance initiatives.

48. (A) Both A and R are true and R is the correct explanation of A.
Many Panchayats find it difficult to implement health functions despite having the legal authority provided by the 73rd Amendment. This struggle is largely due to the insufficient transfer of funds and the lack of trained functionaries at the grassroots level. Without these essential resources, local bodies cannot effectively manage facilities or carry out the health-related tasks assigned to them constitutionally.

49. (B) Delay in the release of untied funds to VHSNCs
A significant challenge regarding funds in local health governance is the delay in releasing untied funds to village committees. These delays hinder the ability of local bodies to respond to urgent health needs or maintain essential facilities. Financial constraints and bureaucratic hurdles often prevent the timely arrival of resources at the grassroots level, where they are most needed for effective community-level interventions.

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50. (D) Urban Local Bodies (ULBs)
The management of sewerage and drainage systems is a core health-related function of Urban Local Bodies. This responsibility is vital for maintaining urban hygiene and preventing the spread of communicable diseases. By ensuring efficient drainage and waste removal, ULBs protect the health of city residents and reduce the risk of environmental contamination in densely populated areas where sanitation is a priority.

51. (A) P-1, Q-2, R-3, S-4
Local health governance involves several key elements that determine its effectiveness. Funds represent the financial resources required for operations, while functions are the specific duties and tasks assigned to local bodies. Functionaries are the human resources or staff needed to execute these tasks. Finally, social audits serve as the accountability mechanism that allows the community to monitor and review performance.

52. (C) Monitoring the Mid-Day Meal and Anganwadi services in the village
A primary duty of the Village Health, Sanitation, and Nutrition Committee regarding nutrition is the monitoring of services like the Mid-Day Meal and Anganwadi programs. By overseeing these initiatives, the committee ensures that children and mothers receive adequate nutritional support. This localized monitoring helps identify deficiencies in service delivery and ensures that

significantly reduce the risk of disease outbreaks in the community.

87. (B) Identifying beneficiaries for health schemes and approving plans
The Gram Sabha plays a vital role in health planning by identifying the residents who are eligible for various health schemes and approving local health action plans. This democratic process ensures that resources reach the most deserving members of the community. By involving the entire village in these decisions, the Gram Sabha promotes fairness and ensures that health initiatives are aligned with community priorities.

88. (C) National Defense and Security
National Defense and Security are exclusive functions of the Central Government and are not handled by local bodies like municipalities. Municipal responsibilities focus on local services such as public health, sanitation, vital statistics, and the management of burial grounds. This clear division of powers ensures that local governments can focus on providing essential daily services while the national government handles strategic issues.

89. (D) The Gram Sabha and higher authorities
The use of untied funds is subject to audit by the Gram Sabha and higher administrative authorities to ensure transparency and proper expenditure. This oversight mechanism prevents the misuse of flexible resources and ensures that they are spent on genuine local health needs. Regular auditing helps maintain community trust in local committees and ensures that public funds are used effectively for village improvement.

90. (A) Different departments (Health, Water, Nutrition) working together
Convergence in health governance refers to the coordinated efforts of different departments, such as health, water, and nutrition, to achieve common goals. Since factors like clean water and proper nutrition directly impact health, these departments must work together for effective results. This integrated approach ensures that resources are used more efficiently and that health challenges are addressed from multiple perspectives simultaneously.

91. (B) Formulating national fiscal and monetary policy
The Village Health, Sanitation, and Nutrition Committee focuses on local health issues and does not have the authority to formulate national fiscal or monetary policy. Its responsibilities are confined to village-level health planning, sanitation management, and monitoring nutritional services. National economic policies are handled by central government agencies, while the committee's work is essential for improving grassroots health outcomes and community well-being.

92. (B) The Chief Secretary or Health Secretary
The State Health Society is typically chaired by a high-ranking official like the Chief Secretary or the Health Secretary of the state. This leadership ensures that the society has the administrative weight to coordinate between different departments and manage health programs effectively. The chair provides strategic direction and oversees the flow of funds and policy implementation across all districts within the state.

93. (C) 50,000
Urban Primary Health Centres are generally designed to cater to a population of approximately 50,000 people. This standard helps ensure that primary healthcare services are accessible to urban residents within a reasonable distance from their homes. By serving a specific population size, these centres can more effectively manage their resources and provide consistent care to the communities they are assigned to cover.

94. (C) Political interference in technical matters
Political interference in technical matters is considered a significant challenge in local health governance, as it can compromise the quality of medical services and resource allocation. When health decisions are influenced by political agendas rather than technical expertise, the effectiveness of programs can be diminished. Ensuring that health governance remains data-driven and technically sound is essential for achieving the best public health outcomes.

95. (D) Accountability tool
Jan Sunwai is a powerful accountability tool that allows citizens to participate in the oversight

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61. (A) VHSNC - Village level health committee
The Village Health, Sanitation, and Nutrition Committee is the primary village-level body responsible for health planning and monitoring. This committee ensures that local health and nutritional needs are addressed through community participation. Other entities like the Zila Parishad operate at the district level, and workers like ASHA serve as community links, making the village-level committee the correct match for localized action.

62. (C) To bring service delivery closer to the people
The main objective of decentralizing health governance is to bring health service delivery closer to the people. By moving decision-making to the local level, services can be tailored to meet the specific needs of the community. This proximity improves access to healthcare, encourages community involvement, and ensures that health interventions are more relevant and effective for the local population they serve.

63. (D) Urban Local Bodies
Urban Local Bodies are primarily responsible for slum improvement and upgradation, including the provision of health and sanitation services in these areas. Given the challenges of high population density and poor infrastructure in slums, ULBs focus on improving living conditions to prevent disease spread. This includes providing clean water, managing waste, and ensuring that residents have access to primary healthcare facilities.

64. (C) Policy decisions and approval of the health plan
The Governing Body of a District Health Society is responsible for making high-level policy decisions and approving the annual District Health Action Plan. It provides administrative direction and ensures that health programs are implemented according to established guidelines. By reviewing progress and managing financial allocations, this body ensures that the district's health goals are being met effectively and transparently.

65. (B) ASHA worker
The Accredited Social Health Activist is a key health functionary at the village level who serves as a bridge between the community and the public health system. As a trained local woman, she provides health education, facilitates access to medical services, and supports local health planning. Her presence at the grassroots level is essential for the successful delivery of maternal and child health programs.

66. (D) Improving transparency and service delivery
Jan Sunwai, or public hearings, help improve transparency and service delivery by providing a forum for citizens to voice concerns and report irregularities. This accountability tool encourages government officials and service providers to be more responsive and honest in their work. By making the performance of health programs public, Jan Sunwai helps identify and correct issues, ultimately leading to better health outcomes.

67. (A) Public health, sanitation conservancy, and solid waste management
Item 6 of the 12th Schedule specifically identifies public health, sanitation conservancy, and solid waste management as key responsibilities of Urban Local Bodies. These functions are vital for maintaining urban hygiene and preventing environmental pollution. By managing these services effectively, municipalities can protect the health of urban residents and reduce the incidence of diseases related to poor waste management and unsanitary conditions.

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68. (C) The ASHA worker
The ASHA worker serves as the primary link between the rural community and the public health system in India. By living and working within the village, she is uniquely positioned to understand and address the health needs of her neighbors. She facilitates access to immunizations, institutional deliveries, and primary care, ensuring that even remote populations are connected to essential healthcare services.

69. (A) It is not required to meet regularly.
Guidelines for the Village Health, Sanitation, and Nutrition Committee mandate that it must meet regularly, typically once a month, to discuss and plan village health activities. Regular meetings are essential for ongoing monitoring of sanitation and nutrition programs. Claiming that these meetings are not required is incorrect, as consistent engagement is necessary for the

committee to fulfill its role in local health governance.

70. (D) The Nagarpalika Act
The 74th Constitutional Amendment Act is often referred to as the Nagarpalika Act. It provides the legal framework for the establishment and functioning of Urban Local Bodies in India. By defining the powers and responsibilities of municipalities and corporations, the Act ensures that urban areas have a system of local self-government capable of managing essential public services and urban development.

71. (B) Block Medical Officer in consultation with local stakeholders
The Block Health Action Plan is prepared by the Block Medical Officer through a consultative process involving local stakeholders and village health committees. This collaborative approach ensures that the plan reflects the diverse needs of the villages within the block. By involving those who directly provide and receive services, the plan becomes more realistic and targeted toward improving regional health outcomes.

72. (C) To oversee and integrate district-wide health programs
The Zila Parishad's most appropriate role in health governance is to provide oversight and integration for health programs across the entire district. It coordinates the efforts of different blocks and ensures that health initiatives are implemented consistently. By monitoring progress and managing resources at the district level, the Zila Parishad helps achieve broader health goals and ensures equitable service distribution.

73. (D) 12th Schedule
Vital statistics, including the registration of births and deaths, is listed in the 12th Schedule as a functional responsibility for Urban Local Bodies. This data is critical for urban administration and public health planning. By maintaining these records, municipalities can track population trends and adjust their service delivery strategies to meet the changing needs of the urban population over time.

74. (A) Absenteeism and lack of technical skills at the local level
A major challenge regarding functionaries in local health governance is high rates of absenteeism and a lack of necessary technical skills among staff. When frontline workers or administrative personnel are absent or undertrained, the quality and availability of health services suffer. Addressing these issues through better monitoring and regular training is essential for strengthening the capacity of local bodies to deliver healthcare.

75. (B) Ayushman Bharat (National Health Mission)
Urban Health and Wellness Centres are integral components of the Ayushman Bharat scheme under the National Health Mission. These centres aim to provide comprehensive primary healthcare services to the urban population, particularly focusing on the urban poor and vulnerable communities. They are managed and supervised by Urban Local Bodies to ensure effective delivery of preventive and curative care at the community level.

76. (B) Facilitating land and water supply for the Sub-centre
A core function of the Gram Panchayat is to facilitate the necessary physical infrastructure for the local health sub-centre, such as land and water supply. By providing these basic requirements, the Panchayat ensures that the facility can operate effectively and serve the village population. This local support is crucial for the successful functioning of primary healthcare units in rural areas.

77. (A) Waste management, clean water, and toilet facilities
In local governance, sanitation is a broad term that includes waste management, the provision of clean water, and the availability of toilet facilities. These components are essential for maintaining public health and preventing the spread of infectious diseases. By addressing these basic needs, local bodies can significantly improve the living standards and health outcomes of both rural and urban communities.

78. (C) Urban Local Body (ULB)
The Urban Local Body is responsible for the health of people living within its jurisdiction,

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such as areas under a Municipal Council. This includes managing health facilities, ensuring sanitation, and implementing disease prevention programs. The ULB's localized authority allows it to address the specific public health challenges found in urban environments, ensuring that residents have access to essential services and a healthy living area.

79. (D) Using digital tools for health monitoring and better infrastructure
A key feature of health governance in Smart Cities is the use of digital tools and technology to monitor health outcomes and improve infrastructure. This includes using data for better planning and providing tech-enabled healthcare services. By integrating these innovations, Smart Cities aim to make health services more efficient and accessible, helping to meet the complex health needs of modern urban populations.

80. (C) They are permanent employees receiving a fixed monthly salary
ASHA workers are community-based volunteers who receive performance-linked incentives rather than being permanent government employees with a fixed monthly salary. This structure is designed to encourage active community engagement and focused service delivery. While they are a vital part of the health system, their status as local volunteers differentiates them from regular clinical staff in terms of employment and compensation.

81. (C) 29 items
The 11th Schedule of the Indian Constitution lists twenty-nine subjects that are devolved to the Panchayati Raj Institutions. These subjects cover a wide range of rural development and social welfare activities, including agriculture, health, education, and poverty alleviation. This constitutional list provides the framework for local self-governance in rural areas, allowing Panchayats to manage diverse aspects of village life and development.

82. (B) 18 items
The 12th Schedule contains eighteen functional items that are assigned to Urban Local Bodies such as municipalities and corporations. These items include critical urban services like public health, water supply, and urban planning. This schedule empowers urban governments to manage the unique challenges of city life and ensure the provision of essential services to their residents through localized administration.

83. (A) The obligation of health providers to report on their performance
Accountability in health governance refers to the obligation of health service providers and administrators to report on their performance and use of resources. It ensures that those responsible for public health are held answerable for the outcomes of their actions. Mechanisms like social audits and public hearings help maintain this accountability, leading to improved transparency and better quality in healthcare delivery.

84. (C) Women and child development
Item 25 of the 11th Schedule specifically addresses women and child development in rural areas. This inclusion allows Panchayats to implement programs related to maternal health, child nutrition, and women's welfare. By having local control over these initiatives, communities can better support the health and development of vulnerable groups through targeted local outreach and more effective management of community resources.

85. (A) It is a registered society under the Societies Registration Act
The District Health Society is a registered society under the Societies Registration Act, which gives it a distinct legal identity for managing health programs. This structure allows it to receive and manage funds from national and state governments more flexibly than a traditional government department. It brings together administrative and technical experts to ensure the efficient implementation of health strategies at the district level.

86. (D) Communicable and vector-borne diseases
Solid waste management is essential for preventing the spread of communicable and vector-borne diseases in both rural and urban areas. Improperly managed waste provides breeding grounds for mosquitoes, flies, and rodents that carry illnesses like malaria, dengue, and cholera. By ensuring the proper collection and disposal of waste, local bodies can

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CHAPTER 28
Healthcare Facilities and Workforce

1. What is the designated population coverage norm for a Sub-centre in a plain geographical area?
(A) 3,000
(B) 5,000
(C) 10,000
(D) 15,000

2. Which of the following best defines the role of Task Shifting in the rural health workforce?
(A) Referring patients to tertiary specialized centers
(B) Assigning administrative tasks to senior medical officers
(C) Relocating health facilities to remote rural districts
(D) Reassigning clinical duties to less specialized staff

3. Which of the following statements regarding the Primary Health Centre (PHC) is correct?
(A) Acts as first contact for the village and medical officer
(B) Serves a population of 1,20,000 across all plain areas
(C) Staffed by four specialists including a general surgeon
(D) Provides family planning but excludes all immunizations

4. Identify the INCORRECT pair regarding healthcare staffing at the rural level:
(A) Sub-centre: ANM and MPW
(B) PHC: Medical Officer
(C) ASHA: District Medical Superintendent
(D) CHC: General Surgeon and Paediatrician

5. Match List I with List II regarding health facility population norms and select the correct answer using the codes given below:
List I: (Facility Type)
P. Sub-centre
Q. Primary Health Centre
R. Community Health Centre
S. Health and Wellness Centre
List II: (Population Norms in Plain Areas)
1. 30,000
2. 5,000
3. 1,20,000
4. 3,000 to 5,000
Codes:
(A) P-2, Q-1, R-3, S-4
(B) P-1, Q-2, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

6. Which administrative level is responsible for acting as the "referral unit" for 4 Primary Health Centres?
(A) District Hospital
(B) Sub-centre
(C) Health and Wellness Centre
(D) Community Health Centre

7. Which of the following services is NOT typically provided at a Primary Health Centre (PHC)?
(A) Routine OPD services
(B) Complex neurosurgery
(C) Maternal health care
(D) Basic immunization

8. Consider the following statements regarding the ASHA (Accredited Social Health Activist) worker:
1. She must be a resident of the village she serves.
2. She is generally a woman between the ages of 25 to 45 years.
3. She is a permanent salaried employee of the Central Government.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

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of government programs. By providing a public platform for grievance redressal and service review, it ensures that health providers and officials are held responsible for their performance. This tool promotes transparency and helps build a culture of accountability in the delivery of essential public health services at the local level.

96. (C) State Government (State Health Society)
The State Health Society, under the State Government, provides the guidelines and framework for the State Health Action Plan. It coordinates the inputs from various districts and ensures that the overall state plan aligns with national health goals. This state-level planning is essential for managing major health infrastructure and ensuring that resources are distributed according to the specific health priorities of the state.

97. (B) Once a month
According to National Health Mission guidelines, the Village Health, Sanitation, and Nutrition Committee should meet at least once a month. Regular monthly meetings are necessary to monitor the ongoing health situation in the village and respond to emerging issues. This consistency ensures that the committee remains active and that health planning is a continuous process rather than an occasional activity.

98. (C) 11th Schedule - 18 items
The 11th Schedule contains twenty-nine functional items for rural local bodies, while the 18-item list belongs to the 12th Schedule for urban local bodies. This distinction is important for understanding the different scope of responsibilities assigned to Panchayats and municipalities. Correctly identifying these constitutional schedules ensures a proper understanding of the legal foundations for decentralized governance in India's rural and urban areas.

99. (A) Decentralized governance and community participation
Achieving the goal of 'Health for All' at the local level requires a combination of decentralized governance and active community participation. By empowering local bodies and involving residents in health planning, the system becomes more inclusive and effective. This approach ensures that health services are accessible to everyone and that the specific health needs of every community member are considered in local programs.

100. (C) Lack of authority and resources at the local level
The challenges of local health governance are summarized by the lack of sufficient authority and resources transferred to the local level. While constitutional amendments have assigned responsibilities to Panchayats and municipalities, many still struggle with inadequate funding and limited administrative power. Addressing these gaps is essential for enabling local bodies to effectively manage their assigned health functions and improve community health services.

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government nutrition programs are meeting the actual needs of the village.

53. (A) Chief Medical Officer (CMO)
The Chief Medical Officer serves as the member-secretary of the District Health Society. In this role, the CMO provides technical leadership and manages the day-to-day operations of health programs in the district. This position is responsible for coordinating with various health facilities and ensuring that the decisions made by the governing body are implemented effectively to improve district-wide health outcomes.

54. (D) 74th Amendment
The 74th Constitutional Amendment Act is associated with the 12th Schedule, which defines the functional responsibilities of Urban Local Bodies. This amendment aimed to strengthen urban local self-government by providing a clear framework for devolution of powers. It ensures that municipalities and corporations have the constitutional mandate to manage essential services, including public health and sanitation, within their urban jurisdictions.

55. (B) Excess of Festivals
The 3F challenge framework refers specifically to issues related to Funds, Functions, and Functionaries in local governance. These components represent the financial, operational, and human resource barriers to effective decentralization. Festivals are not considered part of this administrative framework, which focuses on the structural and resource-related gaps that hinder the performance of local bodies in delivering essential services like healthcare.

56. (C) Coordinating health programs between Gram Panchayat and Zila Parishad
The Panchayat Samiti plays an essential role at the block level by coordinating health programs between individual Gram Panchayats and the Zila Parishad. This intermediate level of governance ensures that village plans are aligned with district goals and that resources are allocated efficiently across the block. This coordination is vital for the smooth implementation of regional health strategies and service monitoring.

57. (D) Controlling urban pollution and disease outbreaks
The Health and Sanitation committee within a Municipal Corporation is responsible for managing public health concerns, including controlling urban pollution and preventing disease outbreaks. This committee oversees waste management, sanitation services, and the implementation of health-related regulations. By focusing on these areas, the committee helps protect urban residents from environmental health hazards and ensures a cleaner, safer living environment.

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58. (A) It is prepared by the Ministry of External Affairs in Delhi.
The District Health Action Plan is prepared locally at the district level, not by the Ministry of External Affairs. It is a bottom-up planning document that integrates the specific health needs of the local population in both rural and urban areas. This plan serves as a roadmap for resource allocation and program implementation under the National Health Mission within that specific district.

59. (B) Local bodies (Panchayats/Municipalities)
The registration of births and deaths is a statutory function performed by local bodies, including Panchayats in rural areas and Municipalities in urban areas. This legal responsibility is essential for maintaining accurate national demographic records and providing citizens with vital documents. The data collected through this process is also used by governments to plan for future health, education, and social welfare requirements.

60. (B) Local health governance
Community-based monitoring is a fundamental element of local health governance that encourages transparency and local participation. By involving community members in reviewing health services, the system becomes more accountable and responsive to the needs of the people. This approach ensures that health facilities are functioning correctly and that service providers are meeting the standards expected by the community they serve.

9. What is the standard bed capacity mandated for a Community Health Centre (CHC) according to IPHS norms?
(A) 10 beds
(B) 30 beds
(C) 100 beds
(D) 200 beds

10. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A): The Sub-centre population norm is reduced to 3,000 in hilly and tribal areas.
Reason (R): Difficult terrain and low population density make access to healthcare services challenging in these regions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

11. According to the Indian Public Health Standards (IPHS), what is the primary objective of establishing these norms?
(A) Increasing overall costs of medical education programs
(B) Standardizing quality benchmarks for healthcare delivery
(C) Privatizing existing rural healthcare infrastructure assets
(D) Reducing the total number of functional Sub-centres

12. Identify the correct statement regarding the Multi-Purpose Worker (Male) in the Sub-centre:
(A) He is primarily responsible for performing major surgeries.
(B) He focuses on environmental sanitation and disease surveillance.
(C) He is responsible for managing the District Hospital finances.
(D) He is the sole authority for appointing ASHA workers.

13. Which of the following represents the "urban" equivalent of the Primary Health Centre under the National Urban Health Mission?
(A) U-PHC
(B) Urban Sub-centre
(C) Municipal Hospital
(D) Ward Clinic

14. What is the most significant challenge cited regarding the specialist workforce at Community Health Centres?
(A) Over-supply of surgeons in rural areas
(B) Lack of interest in undergraduate medical education
(C) High vacancy rates and shortage of specialists
(D) Mandatory retirement at age 45

15. Match List I with List II regarding health workforce responsibilities and select the correct answer:
List I: (Workforce)
P. ANM
Q. Medical Officer
R. Surgeon
S. Staff Nurse
List II: (Core Responsibility)
1. CHC Clinical Care
2. Curative Care at PHC
3. Maternal and Child Health at SC
4. Indoor Patient Care
Codes:
(A) P-3, Q-2, R-1, S-4
(B) P-1, Q-4, R-3, S-2
(C) P-2, Q-3, R-4, S-1
(D) P-4, Q-1, R-2, S-3

16. Under the Ayushman Bharat scheme, existing Sub-centres are being upgraded into which of the following?
(A) Tertiary Care Hospitals
(B) Medical Colleges
(C) Health and Wellness Centres
(D) Private Clinics

17. Which document provides the primary data regarding the shortfall and availability of rural health infrastructure in India?
(A) Economic Survey of India
(B) Rural Health Statistics
(C) National Sample Survey Office Report
(D) Census of India

18. Consider the following statements regarding Health and Wellness Centres (HWC):
1. They provide Comprehensive Primary

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breaks

37. What does the term "Comprehensive Primary Health Care" (CPHC) include that was previously limited in basic PHCs?
(A) Screening for Hypertension and Diabetes
(B) Routine immunization for young infants
(C) Advanced multi-organ transplantation
(D) Basic maternal health care services

38. Consider the following statements regarding the Urban Health Infrastructure:
1. U-PHC serves a population of approximately 50,000.
2. U-CHC is designed to provide referral care in urban areas.
3. Urban areas have no need for ASHA workers.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

39. The "Gap analysis" in rural health typically compares which two factors?
(A) Birth rate vs Death rate
(B) Available infrastructure vs IPHS norms
(C) Number of doctors vs Number of lawyers
(D) Urban population vs Rural population

40. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A): The role of the Staff Nurse is critical in the rural health setup for 24x7 services at PHCs.
Reason (R): Staff Nurses provide continuous bedside care and assist in emergency maternal services.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

41. Which of the following is a key service provided at Health and Wellness Centres?
(A) Cosmetic Plastic Surgery
(B) International Medical Tourism
(C) Surgical Equipment Design
(D) Yoga and Wellness sessions

42. How many specialists are ideally required at a Community Health Centre (CHC)?
(A) One (Generalist)
(B) Two (Pharmacist and Nurse)
(C) Four (Surgeon, Physician, Gynaecologist, Paediatrician)
(D) Ten (all sub-specialties)

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43. Which of the following is NOT a function of the ANM?
(A) Registering pregnant women
(B) Performing brain surgery in emergency cases
(C) Conducting village health and nutrition days
(D) Maintaining records of births and deaths

44. Rural health infrastructure is organized in a "three-tier" system. Which level forms the base of this pyramid?
(A) District Hospital
(B) Sub-centre
(C) Community Health Centre
(D) Medical College

45. Match List I with List II regarding urban health and select the correct answer:
List I: (Urban Health)
P. NUHM
Q. U-PHC
R. U-CHC
S. USHA
List II: (Key Feature)
1. Urban Social Health Activist
2. Urban referral facility
3. National Urban Health Mission
4. 50,000 population coverage
Codes:
(A) P-3, Q-4, R-2, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

46. What is the primary focus of "Task Shifting" in the context of the global model for community health workers?
(A) Increasing surgeon salaries
(B) Managing patient volumes

choices
(C) Reducing the total number of operational PHCs
(D) Stopping the utilization of all modern medicines

28. Consider the following statements about the Rural Health Workforce:
1. Compulsory rural posting for medical graduates is a strategy to address doctor shortage.
2. Incentives such as extra marks in PG entrance exams are used to encourage rural service.
3. Rural health workers face no challenges regarding living conditions or equipment.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

29. What is the population norm for a Community Health Centre in hilly or tribal areas?
(A) 30,000
(B) 50,000
(C) 80,000
(D) 1,20,000

30. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A): AYUSH doctors are being integrated into the Mainstream Health System under the National Health Mission.
Reason (R): There is a persistent shortage of allopathic doctors in rural and remote areas.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which of the following is a core function of the Sub-district/Taluka hospital?
(A) Formulating national level health policies
(B) Conducting international medical summits
(C) Managing village ASHA incentive payments
(D) Providing secondary care services for districts

32. What is the primary focus of the 30-bed hospital function of a CHC?
(A) Outpatient medical consultation
(B) Long-term psychiatric support
(C) Providing indoor patient care
(D) Managing national health insurance databases

33. Which of the following statements about the selection of an ASHA is correct?
(A) Appointment by the District Magistrate alone
(B) Selection via Gram Sabha community processes
(C) Possession of a Post-Graduate degree in Surgery
(D) Selection through national-level competitive exams

34. Which workforce member acts as the "link" between the community and the public health system at the village level?
(A) Surgeon Specialist
(B) Health Secretary
(C) Chief Medical Officer
(D) ASHA

35. Match List I with List II regarding healthcare concepts and select the correct answer:
List I: (Concept)
P. IPHS
Q. Rural Health Statistics
R. Task Shifting
S. CPHC
List II: (Description)
1. Skill delegation to lower-level workers
2. Standard norms for health facilities
3. Comprehensive Primary Health Care
4. Annual data on health infrastructure
Codes:
(A) P-2, Q-4, R-1, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

36. Which of the following is an incentive used to retain doctors in rural areas?
(A) Higher interest rates on personal loans
(B) Ban on any form of further education
(C) Residential quarters and rural allowance
(D) Mandatory 24-hour work shifts without

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83. What is the primary role of the Medical Officer at the PHC?
(A) Providing clinical care and team leadership
(B) Managing headquarters from a remote location
(C) Completing administrative clerical tasks only
(D) Performing complex neurosurgical operations

84. What is the role of the "Wellness" component in HWCs?
(A) To sell commercial gym memberships
(B) To provide fast food services
(C) To promote healthy lifestyles, yoga, and meditation
(D) To promote sedentary lifestyle habits

85. Which of the following best describes the "Gap" in rural health infrastructure?
(A) Disparity between existing and required norms
(B) Linear physical distance between health units
(C) Time required for doctors to travel to clinics
(D) Numerical difference between gender demographics

86. Staffing at a U-PHC (Urban Primary Health Centre) usually includes:
(A) Only a security guard
(B) 20 Surgeons
(C) No medical staff
(D) A Medical Officer, Staff Nurse, and Pharmacist

87. Which of the following statements about the MPW (Male) is correct?
(A) He focuses on maternal health and deliveries.
(B) He focuses on disease control programs like Malaria and TB.
(C) He is not part of the Sub-centre team.
(D) He is only found in District Hospitals.

88. What is the purpose of the Indian Public Health Standards (IPHS) for District Hospitals?
(A) Closing down large public hospital wards
(B) Reducing patient bed availability standards
(C) Defining guidelines for HR and infrastructure
(D) Transferring management to private companies

89. Which of the following is a competency-based task for an ASHA?
(A) Performing emergency appendectomies
(B) Prescribing chronic disease antibiotics
(C) Operating specialized X-ray equipment
(D) Providing basic first aid and ORS

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90. In the rural health system, the "First contact point" with a qualified doctor is usually the:
(A) Primary Health Centre
(B) Sub-centre
(C) Community Health Centre
(D) District Hospital

91. What is the main objective of upgrading Sub-centres to Health and Wellness Centres?
(A) Decreasing the count of health workers
(B) Expanding primary care service packages
(C) Closing down existing primary centers
(D) Offering ayurvedic treatments exclusively

92. Which of the following is a "Staffing norm" for a PHC?
(A) It should have a Surgeon.
(B) It should have an ANM.
(C) It should have a minimum of 50 nurses.
(D) It should have a Dentist at every PHC by mandatory rule.

93. Which of the following data points is NOT usually tracked in Rural Health Statistics?
(A) Average salary of software engineers
(B) Shortfall of specialists
(C) Number of functional PHCs
(D) Availability of electricity in Sub-centres

94. What is the main reason for task shifting to Community Health Workers?
(A) To reduce the workload of senior specialists
(B) To increase the unemployment of doctors
(C) Because specialists are not available in remote areas
(D) To make healthcare more expensive

95. Which of the following is a "Service norm" for a CHC?
(A) National level agricultural research
(B) International flight booking

(C) Improving workforce efficiency
(D) Relocating urban facilities

47. Which of the following is a common challenge faced by the rural health workforce?
(A) High retention rates of medical officers
(B) Advanced research facilities in all units
(C) Low patient turnout at primary levels
(D) Lack of proper housing and school facilities for children

48. Consider the following statements about the District Hospital:
1. It provides tertiary care in every block.
2. It serves as the main referral center for the entire district.
3. It usually has a bed capacity ranging from 100 to 500 or more.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2, and 3

49. What is the main reason for the high vacancy of doctors in rural areas?
(A) Lack of medical colleges in the country
(B) Preference for urban practice and better infrastructure
(C) High salary in rural areas
(D) Surplus of doctors in every village

50. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A): IPHS norms include standards for both human resources and equipment.
Reason (R): Quality healthcare delivery depends on both the availability of skilled personnel and necessary physical resources.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

51. Which level of healthcare facility acts as the "First Referral Unit" (FRU) if it provides 24-hour emergency obstetric and newborn care?
(A) Community Health Centre
(B) PHC
(C) Sub-centre
(D) Health and Wellness Centre

52. What is the frequency of Rural Health Statistics (RHS) publication?
(A) Once every 10 years
(B) Every month
(C) Annually
(D) Once every 5 years

53. Which professional is usually the "Medical Officer in-charge" of a Primary Health Centre?
(A) An MBBS doctor
(B) A Senior Staff Nurse
(C) A Lab Technician
(D) The Village Sarpanch

54. In the context of rural health, what does "MPW" stand for?
(A) Medical Practitioner Worker
(B) Minimum Population Ward
(C) Medical Paramedic Wing
(D) Multi-Purpose Worker

55. Arrange the following healthcare facilities in increasing order of the population they serve:
1. Community Health Centre
2. Sub-centre
3. Primary Health Centre

(A) 2-3-1
(B) 1-2-3
(C) 3-2-1
(D) 2-1-3

56. Which of the following is a characteristic of the "Global Model" of Community Health Workers?
(A) Specialization in neurosurgery
(B) Focus on metropolitan centers
(C) Use of community volunteers
(D) Workforce exclusion of women

57. Which of the following is NOT a service provided under Comprehensive Primary Health Care at HWCs?
(A) Palliative care services
(B) Mental health services
(C) Oral health care
(D) Advanced Cardiac Bypass Surgery

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Health Care (CPHC).
2. They include services for non-communicable diseases.
3. They are staffed exclusively by specialist surgeons.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 1, 2, and 3

19. What is the population norm for a Primary Health Centre in hilly, tribal, or difficult areas?
(A) 5,000
(B) 10,000
(C) 20,000
(D) 30,000

20. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A): There is a significant gap between IPHS norms and the ground reality of health infrastructure.
Reason (R): Rapid population growth and limited budgetary allocation for health hinder the achievement of these standards.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

21. Which health professional is specifically responsible for conducting deliveries and immunization at the Sub-centre level?
(A) Auxiliary Nurse Midwife (ANM)
(B) MPW (Male)
(C) Radiologist
(D) Pharmacist

22. What is the primary role of the District Hospital in the healthcare hierarchy?
(A) Providing basic literacy skills to the rural population
(B) Managing national defense budgets at the regional level
(C) Offering primary education in various medical sciences
(D) Providing secondary care and referral services for the district

23. Which of the following is an INCORRECT statement regarding the staffing at a CHC?
(A) A CHC should have a Paediatrician.
(B) A CHC is only staffed by one MPW (Male).
(C) A CHC should have a Gynaecologist.
(D) A CHC should have an Anaesthetist.

24. Task shifting in rural healthcare often involves training which of the following to perform basic diagnostic tests?
(A) Surgeons
(B) Hospital Accountants
(C) Community Health Workers
(D) District Magistrates

25. Match List I with List II regarding health facilities and levels of care and select the correct answer:
List I: (Health Facility)
P. Sub-centre
Q. Community Health Centre
R. District Hospital
S. Medical College Hospital
List II: (Level of Care)
1. Tertiary Care
2. Secondary Care/Referral
3. Primary Care (Peripheral)
4. Secondary Care (District level)
Codes:
(A) P-3, Q-2, R-4, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

26. Which of the following is a "negative" aspect often reported in Rural Health Statistics regarding human resources?
(A) Significant shortfall of specialists at CHCs
(B) Oversupply of staff nurses in rural PHCs
(C) Excessive number of Sub-centres in hilly areas
(D) Surplus of Medical Officers in remote tribal blocks

27. The integration of AYUSH workforce in rural health aims to achieve which of the following?
(A) Replacing Allopathic doctors in primary care
(B) Augmenting workforce and offering therapy

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(D) It typically has one female (ANM) and one male (MPW) health worker.

71. Under IPHS, a "Type B" PHC is characterized by:
(A) Only providing OPD services
(B) Providing delivery services with a higher caseload
(C) Having no medical officer
(D) Being located only in urban areas

72. What is the focus of "Task Shifting" in the context of maternal health?
(A) Making surgeons do the work of accountants
(B) Shifting all deliveries to urban private hospitals
(C) Allowing ANMs to perform basic emergency obstetric care
(D) Eliminating the role of the gynaecologist

73. Which of the following is a common misconception about the ASHA worker?
(A) She is a community volunteer.
(B) She receives performance-based incentives.
(C) She promotes institutional deliveries.
(D) She is a fully qualified medical doctor.

74. The "Indian Public Health Standards" are revised periodically to:
(A) Adapt to evolving healthcare needs and technology
(B) Systematically reduce total hospital bed counts
(C) Increase financial costs for underprivileged patients
(D) Decrease total staffing requirements at CHC levels

75. Which of the following is a "Negative" finding often found in rural health workforce data?
(A) Too many doctors in hilly areas
(B) Large-scale vacancies of specialists at CHC level
(C) No Sub-centres in plain areas
(D) Surplus of specialists in remote blocks

76. Which facility level is most likely to have a "General Physician" on its staff according to norms?
(A) Sub-centre
(B) Community Health Centre
(C) Health and Wellness Centre
(D) Village Clinic

77. What does "Urban Health Infrastructure" primarily aim to address?
(A) Health needs of the urban poor and slum dwellers
(B) Health needs of the rural migrant population
(C) Health needs of international tourists
(D) Agricultural health issues

78. Which of the following is a function of the Staff Nurse in a rural health facility?
(A) Managing the entire district's health budget
(B) Conducting national level political rallies
(C) Providing nursing care and assisting in the labor room
(D) Building roads to the PHC

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79. The requirement of "Rural Posting" for medical students is often linked to:
(A) Their ability to speak 10 foreign languages
(B) Their skill in industrial manufacturing
(C) Their age reaching 50 years
(D) Their degree completion or PG admission eligibility

80. Which of the following is a service provided at a Sub-centre?
(A) Kidney transplant
(B) Chemotherapy
(C) Treatment of minor ailments
(D) MRI scans

81. The term "Task Shifting" is recommended by which international organization as a strategy for health workforce shortages?
(A) World Trade Organization (WTO)
(B) World Health Organization (WHO)
(C) UNESCO
(D) INTERPOL

82. Which of the following is an INCORRECT pair regarding facility and population norms for hilly areas?
(A) Sub-centre: 3,000
(B) District Hospital: 5,000
(C) PHC: 20,000
(D) CHC: 80,000

58. What is the primary role of the AYUSH workforce when integrated into PHCs?
(A) Providing alternative medicine and support
(B) Performing specialized allopathic surgery
(C) Managing the hospital's power grid systems
(D) Replacing ANMs across all Sub-centre units

59. Which document provides the "norms" for the number of Staff Nurses required for a 30-bed CHC?
(A) Indian Penal Code
(B) Indian Public Health Standards (IPHS)
(C) World Bank Health Report
(D) District Diary

60. What is the most appropriate description of the ASHA's training?
(A) Brief one-day orientation programs
(B) Modular sessions for maternal health
(C) Five-year surgical residency training
(D) Unstructured learning without manuals

61. Which of the following is a primary function of the Sub-centre?
(A) Implementing health programs at grassroots level
(B) Formulating national health policies
(C) Providing tertiary dialysis services
(D) Performing advanced specialized surgeries

62. What is the population coverage of a Sub-district/Taluka hospital?
(A) Fixed at 5,000 people
(B) Serving the entire nation
(C) Serving between CHC and DH
(D) Restricted to urban slums

63. Which of the following is an INCORRECT statement regarding rural health workforce incentives?
(A) Some states offer higher salaries for difficult areas.
(B) Preference in PG admission is given to those with rural service.
(C) Provision of government housing is an incentive.
(D) Doctors are permanently banned from private practice if they work in a PHC.

64. What is the standard number of Medical Officers required at a PHC according to IPHS?
(A) Minimum of 10
(B) Only AYUSH practitioners are required
(C) At least one (MBBS)
(D) None; it is run by ASHA

65. Arrange the following workforce members based on their typical hierarchy (bottom to top):
1. Medical Officer
2. ASHA
3. ANM
(A) 2-3-1
(B) 1-2-3
(C) 3-2-1
(D) 2-1-3

66. Which of the following is the best description of the "Health and Wellness Centre" role?
(A) Replacing District Hospitals
(B) Dispensing urban medications
(C) Conducting vaccine research
(D) Providing expanded NCD care

67. Which of the following is a challenge related to the ANM workforce?
(A) Excessive workload and large geographical coverage areas.
(B) They are over-qualified for their tasks.
(C) They are not allowed to use any medical kits.
(D) They are only appointed in metropolitan cities.

68. What is the significance of the "Rural Health Statistics" report for policymakers?
(A) Listing the names of all patients
(B) Listing regional weather patterns
(C) Identifying infrastructure and HR gaps
(D) Tracking international medical patents

69. Which specialist is NOT mandatory for a CHC to function as a First Referral Unit?
(A) Dermatologist
(B) Paediatrician
(C) Gynaecologist
(D) Surgeon

70. Which of the following is a key feature of the "Sub-centre" staffing model?
(A) It must have 5 Specialists.
(B) It is run by a District Magistrate.
(C) It has no permanent staff.

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(C) Only school health services
(D) 24-hour delivery services

96. Which of the following describes the AYUSH workforce integration accurately?
(A) AYUSH doctors are only allowed to do gardening in PHCs
(B) AYUSH doctors are being trained to replace all surgeons
(C) AYUSH doctors help in achieving "Mainstreaming of AYUSH" under NHM
(D) AYUSH integration has been completely stopped in India

97. The ASHA worker is paid through:
(A) A fixed monthly salary of 1 lakh rupees
(B) Performance-linked incentives
(C) Donations from the village patients
(D) Only free food grains

98. Which of the following is a challenge for health workers in hilly areas?
(A) Excessive heat
(B) Over-population
(C) Excess of multi-story hospitals
(D) Difficult transport and communication

99. What is the "Norm" for the number of ASHA workers?
(A) One per 100 people
(B) One per 1,000 population (in rural areas)
(C) One per district
(D) One per household

100. The primary difference between a Sub-centre and a PHC is:
(A) Medical doctors staff Sub-centres exclusively
(B) Sub-centres manage 30-bed indoor facilities
(C) PHCs have doctors while SCs use paramedics
(D) Sub-centres provide complex tertiary services

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ANSWERS

1. (B) 5,000
In the Indian public health system, the sub-centre represents the most peripheral contact point between the community and primary healthcare services. For administrative and planning purposes, these centres are established based on specific population density. In plain geographical areas, a single sub-centre is designed to provide essential health coverage for every five thousand residents to ensure accessibility.

2. (D) Reassigning clinical duties to less specialized staff
Task shifting is a strategic health workforce management approach used to address shortages of specialized professionals. It involves delegating specific clinical tasks from highly qualified doctors to health workers with less formal training. This optimization ensures that essential services remain available in underserved rural areas while allowing specialized staff to focus on more complex medical interventions requiring higher expertise.

3. (A) Acts as first contact for the village and medical officer
The primary health centre serves as the fundamental tier for providing curative and preventive care in rural regions. It acts as the initial point of interaction between village communities and a qualified medical officer. These centres coordinate various national health programs, manage basic outpatient services, and provide referral linkages between peripheral sub-centres and higher-level community health centres.

4. (C) ASHA: District Medical Superintendent
Accredited Social Health Activists are community-based volunteers who operate at the village level to bridge the gap between residents and public health facilities. Unlike medical officers or specialists, they are not administrative heads like district medical superintendents. Their primary role involves mobilizing the community for immunization, maternal health services, and promoting basic hygiene practices within their local residential areas.

5. (A) P-2, Q-1, R-3, S-4
Indian Public Health Standards define specific population norms for various rural health facilities to ensure equitable distribution. Sub-centres cover five thousand people, while primary health centres serve thirty thousand. Community health centres act as referral units for one lakh twenty thousand residents. Health and wellness centres are typically upgraded versions of existing sub-centres or primary health centres serving smaller populations.

6. (D) Community Health Centre
A community health centre functions as a secondary level of healthcare that provides specialized medical services to rural populations. It is strategically positioned to serve as a referral unit for approximately four primary health centres. By offering specialized care in surgery, medicine, and gynaecology, it ensures that patients requiring more advanced treatment can access it without travelling to district hospitals.

7. (B) Complex neurosurgery
Primary health centres are designed to provide basic curative, preventive, and promotive healthcare services to the rural population. These facilities handle routine outpatient cases, maternal health care, and childhood immunizations. However, highly specialized surgical procedures like neurosurgery require advanced equipment, specialized surgical teams, and intensive care units, which are only available at tertiary level medical colleges or large hospitals.

8. (A) 1 and 2 only
The accredited social health activist is a female community health volunteer recruited from within the local village. She must be a resident to ensure familiarity with the community and is typically between twenty-five and forty-five years old. While she receives performance-linked incentives for her work, she is not classified as

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a permanent salaried employee of the central government workforce.

9. (B) 30 beds
Community health centres are designed to provide secondary level healthcare and serve as first referral units. According to the Indian Public Health Standards, these facilities must maintain a mandatory capacity of thirty beds for indoor patient care. This infrastructure allows for the management of emergency cases, basic surgeries, and labor room services for patients referred from surrounding primary health centres.

10. (A) Both A and R are true and R is the correct explanation of A.
Population norms for health facilities are strategically adjusted based on geographical terrain to ensure accessibility. In hilly, tribal, or difficult areas, the requirement for a sub-centre is reduced from five thousand to three thousand people. This reduction accounts for the low population density and logistical challenges that residents face when attempting to reach medical services across difficult landscapes.

11. (B) Standardizing quality benchmarks for healthcare delivery
The Indian Public Health Standards were developed to provide a uniform framework for healthcare infrastructure and human resources across the country. These standards act as quality benchmarks to ensure that all citizens receive a minimum level of care. By specifying requirements for buildings, equipment, and staffing, the norms help in monitoring performance and improving the overall efficiency of public health delivery.

12. (B) He focuses on environmental sanitation and disease surveillance.
The multi-purpose worker (male) plays a vital role at the sub-centre by addressing public health concerns beyond clinical care. His responsibilities include monitoring environmental sanitation, managing vector control activities, and conducting disease surveillance for conditions like malaria or tuberculosis. By working alongside the female health worker, he ensures that both preventive and promotive health services reach the rural community effectively.

13. (A) U-PHC
Under the National Urban Health Mission, the healthcare delivery system is adapted to meet the specific needs of urban populations, particularly slum dwellers. The urban primary health centre serves as the urban counterpart to the rural facility. These centres provide essential primary care services, including diagnostics and maternal care, while covering a population of approximately fifty thousand within city limits.

14. (C) High vacancy rates and shortage of specialists
A critical challenge in the Indian rural health system is the significant gap in the availability of specialists at community health centres. Despite established norms requiring surgeons, physicians, and gynaecologists, many positions remain unfilled. This shortage is often attributed to a preference for urban practice, limited career progression in rural settings, and inadequate infrastructure, leading to high vacancy rates.

15. (A) P-3, Q-2, R-1, S-4
Different health professionals have distinct core responsibilities across various levels of the rural health hierarchy. Auxiliary nurse midwives focus on maternal and child health at sub-centres, while medical officers handle curative care at primary health centres. Surgeons are essential for clinical care at community health centres, and staff nurses manage indoor patient care, ensuring continuous bedside support for individuals.

16. (C) Health and Wellness Centres
As part of the Ayushman Bharat initiative, existing sub-centres and primary health centres are being transformed into health and wellness centres. This upgrade aims to provide comprehensive primary healthcare that includes screening for non-communicable diseases and wellness activities like yoga. This transition shifts the focus from selective primary care to a more holistic approach that covers a wider range of services.

17. (B) Rural Health Statistics
The rural health statistics report is an annual publication that serves as a primary data source for monitoring health infrastructure in India. It provides detailed information on the number of functional sub-centres, primary health centres, and community health centres. Policymakers

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use this data to identify shortfalls in human resources and physical infrastructure compared to the norms set by public health standards.

18. (A) 1 and 2 only
Health and wellness centres are designed to deliver comprehensive primary healthcare services to the community. These facilities expand the existing scope of care to include screening and management of non-communicable diseases such as hypertension and diabetes. While they are staffed by mid-level health providers and nursing personnel, they do not exclusively consist of specialist surgeons, who typically operate at higher tiers.

19. (C) 20,000
Population norms for primary health centres are determined by the difficulty of the geographical terrain. While these centres serve thirty thousand people in plain areas, the norm is reduced to twenty thousand for hilly, tribal, or difficult regions. This adjustment ensures that residents in sparsely populated or geographically challenging areas have better access to qualified medical officers and essential diagnostic healthcare services.

20. (A) Both A and R are true and R is the correct explanation of A.
There remains a substantial disparity between the ideal standards for health facilities and the actual situation found in rural districts. Rapid population growth often outpaces the construction of new facilities, leading to overcrowding and service gaps. Additionally, limited budgetary allocations for the health sector make it difficult to procure necessary equipment and hire sufficient staff to meet all quality benchmarks.

21. (A) Auxiliary Nurse Midwife (ANM)
The auxiliary nurse midwife is a key frontline health worker stationed at the sub-centre level. Her primary responsibilities include registering pregnant women, conducting safe deliveries, and performing routine immunizations for infants and children. By maintaining close contact with the village community, she plays a vital role in reducing maternal and infant mortality through the delivery of essential maternal and child health services.

22. (D) Providing secondary care and referral services for the district
The district hospital acts as the apex healthcare institution within a district, providing secondary level specialized care. It serves as the main referral destination for patients who cannot be managed at community or primary health centres. These hospitals offer advanced diagnostic services, specialized surgical interventions, and inpatient facilities, ensuring that comprehensive medical care is accessible to the entire population of the district.

23. (B) A CHC is only staffed by one MPW (Male).
Community health centres are designed to be specialized referral units and require a diverse team of medical professionals. The staffing norms mandate the presence of four specialists: a surgeon, a physician, an obstetrician-gynaecologist, and a paediatrician, along with nursing and laboratory staff. Relying solely on a single multi-purpose worker would be insufficient for the complex surgical and clinical services these centres provide.

24. (C) Community Health Workers
Task shifting often involves training community health workers to perform basic diagnostic procedures that were previously restricted to more specialized staff. In rural settings, these workers may be taught to conduct rapid diagnostic tests for malaria, screen for high blood pressure, or test blood sugar levels. This empowers frontline personnel to identify health issues early and refer patients to higher facilities.

25. (A) P-3, Q-2, R-4, S-1
India's healthcare system follows a tiered structure where different facilities provide varying levels of care. Sub-centres represent the most peripheral primary care level. Community health centres offer secondary referral services, while district hospitals provide secondary care for the entire district population. Medical college hospitals represent the tertiary level, offering highly specialized treatments, advanced medical research, and training for future healthcare professionals.

26. (A) Significant shortfall of specialists at CHCs
Annual health reports frequently highlight the critical shortage of specialist doctors in rural

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areas. While primary health centres may have medical officers, community health centres often face severe vacancies in essential specialties like surgery, gynaecology, and paediatrics. This shortfall hinders the ability of these centres to function as effective referral units, forcing rural patients to travel long distances for specialized medical care.

27. (B) Augmenting workforce and offering therapy choices
The integration of practitioners from Ayurveda, Yoga, Unani, Siddha, and Homeopathy into the public health system aims to strengthen the rural workforce. This mainstreaming approach helps fill gaps in areas with limited allopathic doctors while providing patients with a wider range of therapeutic options. It ensures that primary health centres can offer more comprehensive care by utilizing diverse medical traditions effectively.

28. (A) 1 and 2 only
Addressing the shortage of doctors in rural areas involves various strategies, including mandatory rural service for graduates and financial or educational incentives. Many states offer extra marks in postgraduate entrance examinations for those who complete a tenure in underserved regions. However, significant challenges remain, as rural health workers often face difficult living conditions, lack of professional equipment, and limited social infrastructure.

29. (C) 80,000
The population coverage for a community health centre is adjusted based on the difficulty of the terrain to maintain service accessibility. While a centre in plain areas serves one lakh twenty thousand people, the norm is lowered to eighty thousand for hilly, tribal, or desert regions. This adjustment ensures that residents in remote areas can access specialized referral services despite lower population density.

30. (A) Both A and R are true and R is the correct explanation of A.
The persistent shortage of allopathic medical officers in rural districts has led to the strategic integration of AYUSH doctors into the mainstream health system. By recruiting these practitioners to work in primary health centres and community health centres, the government aims to ensure that no facility remains unstaffed. This policy leverages existing human resources to maintain continuous healthcare delivery.

31. (D) Providing secondary care services for districts
Sub-district or taluka hospitals function as intermediate referral points between community health centres and the main district hospital. Their core objective is to provide secondary care services, including specialized consultations and surgical procedures, to the population within a specific sub-division. By handling complex cases at this level, these hospitals help reduce the patient load on larger district-level tertiary healthcare facilities.

32. (C) Providing indoor patient care
A community health centre is equipped with a thirty-bed facility to manage patients requiring hospitalization. This indoor patient care capacity is essential for observing patients after surgery, managing severe infections, and providing postpartum care for mothers. By offering these beds, the centre ensures that rural residents can receive continuous medical monitoring and treatment close to home, avoiding unnecessary travel to distant cities.

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33. (B) Selection via Gram Sabha community processes
The selection of an accredited social health activist is a community-driven process designed to ensure local acceptance and accountability. Potential candidates are discussed and identified through the Gram Sabha or local village committee. This approach ensures that the chosen woman is a trusted resident who understands the local culture and can effectively communicate health messages to her neighbors within the community.

34. (D) ASHA
The accredited social health activist acts as a vital link between rural communities and the public health system. Operating at the village level, she facilitates access to services by accompanying pregnant women for deliveries and ensuring children receive timely immunizations. Her local presence and shared cultural background allow her to build trust, making healthcare more accessible and acceptable to the village population.

provide an updated picture of the healthcare landscape. This annual publication tracks changes in infrastructure, the availability of medical equipment, and the number of health professionals in position. Regular reporting allows for timely monitoring of progress toward national health goals and helps identify emerging gaps in the rural workforce.

53. (A) An MBBS doctor
Each primary health centre is led by a medical officer-in-charge who must be a qualified MBBS doctor. This professional is responsible for providing clinical care to patients and managing the facility's administrative functions. As the leader of the health team, the medical officer also supervises the work of nursing staff, paramedics, and frontline workers to ensure effective delivery of all national health programs.

54. (D) Multi-Purpose Worker
In the Indian health system, the term multi-purpose worker refers to a category of health personnel trained to handle various preventive and promotive health tasks. Stationed primarily at sub-centres, these workers are divided into male and female categories. While the female worker focuses on maternal health, the male worker typically manages disease control activities, sanitation, and community surveillance for infectious diseases.

55. (A) 2-3-1
The rural health system is organized hierarchically based on the population size each facility is intended to serve. Sub-centres are the smallest units, covering five thousand people. Primary health centres are the next level, serving thirty thousand individuals. Community health centres are the largest of the three primary tiers, acting as referral units for a population of approximately one lakh twenty thousand people.

56. (C) Use of community volunteers
The global model for community health workers emphasizes the recruitment of local volunteers who are trained to provide basic health services within their own neighborhoods. These workers are effective because they share the language and culture of the community they serve. By utilizing people from the local population, the health system can overcome barriers to access and provide essential care in culturally sensitive ways.

57. (D) Advanced Cardiac Bypass Surgery
Health and wellness centres provide a broad range of services under the umbrella of comprehensive primary healthcare, including oral health, mental health, and palliative care. These services focus on common ailments and long-term management of chronic conditions. However, advanced and complex procedures like cardiac bypass surgery require highly specialized surgeons, intensive care facilities, and sophisticated equipment found only in tertiary care hospitals.

58. (A) Providing alternative medicine and support
The primary role of AYUSH practitioners within the rural health framework is to offer traditional medicine options and support general clinical services. By being stationed at primary health centres, they augment the existing workforce and provide patients with choices for treatments like Ayurveda or Homeopathy. Their presence helps manage patient volumes and ensures that healthcare services remain operational even in areas where allopathic doctors are scarce.

59. (B) Indian Public Health Standards (IPHS)
The Indian Public Health Standards document specifies the exact number of staff nurses required for various types of healthcare facilities. For a thirty-bed community health centre, these norms outline the necessary nursing strength to ensure round-the-clock patient care and emergency services. These standards serve as a guide for state governments to plan their recruitment and staffing patterns to maintain a minimum quality of care.

60. (B) Modular sessions for maternal health
Accredited social health activists undergo a structured training process consisting of several modular sessions. This training is designed to equip them with the specific knowledge and skills needed to promote maternal and child health, identify common illnesses, and encourage institutional deliveries. The modular nature of the training allows these community volunteers to learn gradually while continuing their work within the village community.

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complex surgical procedures like brain surgery are far beyond her scope of practice and training, as they require highly specialized surgical teams and advanced operating room facilities.

44. (B) Sub-centre
The rural healthcare infrastructure in India is organized as a three-tier system with increasing levels of specialization. The sub-centre forms the foundation of this pyramid, acting as the most peripheral facility in direct contact with the community. Above it are the primary health centres and then the community health centres, which together provide a structured pathway for patient care and referrals.

45. (A) P-3, Q-4, R-2, S-1
Urban health delivery is structured through the National Urban Health Mission. Within this framework, urban primary health centres cover populations of fifty thousand, while urban community health centres provide referral care. To bridge the gap at the household level, urban social health activists are deployed. This system mirrors the rural hierarchy but is tailored for the high density and specific needs of cities.

46. (C) Improving workforce efficiency
Task shifting is recognized globally as a method to improve the efficiency of the health workforce. By delegating specific, manageable clinical tasks to community health workers, the system can provide services more rapidly and widely. This approach ensures that highly trained professionals are not overwhelmed by routine tasks, thereby optimizing the available human resources to better meet the health needs of the population.

47. (D) Lack of proper housing and school facilities for children
Health professionals in rural areas often face personal and social challenges that impact workforce retention. Many remote postings lack adequate government housing, forcing staff to live in substandard conditions. Furthermore, the absence of quality schools for their children and limited career opportunities for spouses make rural service less attractive for many doctors and nurses, leading to higher vacancy rates.

48. (B) 2 and 3 only
The district hospital is the secondary level apex institution that serves the entire population of a district as a primary referral center. These facilities typically have a large bed capacity, often ranging from one hundred to over five hundred beds, depending on the district size. They provide specialized services not available at lower tiers, but they are centralized rather than being located in every block.

49. (B) Preference for urban practice and better infrastructure
Shortages of doctors in rural areas are primarily driven by a strong preference for urban practice among medical graduates. Cities offer better clinical infrastructure, more opportunities for professional growth, and superior social amenities for families. In contrast, rural areas may lack advanced medical equipment and comfortable living conditions, making it difficult to attract and retain qualified healthcare professionals in these remote locations.

50. (A) Both A and R are true and R is the correct explanation of A.
The effectiveness of healthcare delivery is dependent on the simultaneous availability of skilled personnel and the physical resources they need to work. Indian Public Health Standards recognize this by detailing norms for both human resources, like doctors and nurses, and essential equipment and infrastructure. Without proper tools and facilities, even highly trained staff cannot provide the quality of care mandated by national benchmarks.

51. (A) Community Health Centre
A health facility is designated as a first referral unit if it is equipped to provide round-the-clock emergency obstetric and newborn care. Community health centres are typically the level where these specialized services are first established in the rural hierarchy. By functioning as such, they ensure that mothers and infants facing complications can receive life-saving surgical and medical interventions without further referral to hospitals.

52. (C) Annually
Rural health statistics is a comprehensive report published every year by the government to

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35. (A) P-2, Q-4, R-1, S-3
Public health management involves several key frameworks and data tools. Indian Public Health Standards establish facility norms, while annual rural health statistics provide infrastructure data. Task shifting refers to delegating skills to lower-level workers to manage workforce shortages. Comprehensive primary healthcare represents an expanded service package that addresses a wider range of health needs at the community level through upgraded wellness centres.

36. (C) Residential quarters and rural allowance
To encourage doctors to serve in remote areas, governments provide various professional and personal incentives. These include the provision of government residential quarters and additional financial allowances specifically for rural service. By improving living conditions and offering higher compensation, authorities aim to reduce the vacancy rates of medical officers and specialists in underserved regions where infrastructure and social amenities are often limited.

37. (A) Screening for Hypertension and Diabetes
Traditional primary care focused heavily on maternal and child health and infectious diseases. However, comprehensive primary healthcare expands this scope to include the management of chronic conditions. It introduces routine screening for non-communicable diseases like hypertension and diabetes at the community level. This proactive approach ensures early detection and long-term management of these conditions, which are becoming increasingly prevalent in rural populations.

38. (A) 1 and 2 only
Urban health infrastructure is designed to serve the dense populations found in cities. An urban primary health centre typically covers fifty thousand residents, while urban community health centres act as specialized referral facilities. Contrary to the idea that they are only for rural areas, ASHA workers are also deployed in urban slums to reach vulnerable populations and bridge the healthcare gap.

39. (B) Available infrastructure vs IPHS norms
Gap analysis is a critical planning tool used to evaluate the status of the health system. It involves comparing the current availability of buildings, equipment, and human resources against the mandatory benchmarks set by the Indian Public Health Standards. This process helps administrators identify specific deficiencies in different districts, allowing for targeted investments and resource allocation to meet the required national norms.

40. (A) Both A and R are true and R is the correct explanation of A.
Staff nurses are essential for maintaining continuous healthcare services at primary health centres that operate twenty-four hours a day. They provide constant bedside monitoring for admitted patients and play a critical role in assisting medical officers during emergency maternal procedures and deliveries. Their presence ensures that clinical care remains available throughout the night, significantly improving the safety and quality of rural healthcare.

41. (D) Yoga and Wellness sessions
A distinguishing feature of the recently established health and wellness centres is their focus on promotive and preventive health. These facilities offer regular yoga and wellness sessions to the community to encourage healthy lifestyles. By incorporating traditional wellness practices alongside modern medicine, these centres aim to reduce the burden of lifestyle diseases and improve the overall physical and mental well-being.

42. (C) Four (Surgeon, Physician, Gynaecologist, Paediatrician)
According to national standards, a community health centre must be staffed by a team of four essential specialists to function effectively. This team includes a general surgeon, a physician, an obstetrician-gynaecologist, and a paediatrician. Having these specialists available in one facility ensures that rural populations can access surgery, maternal care, and child health services without needing to visit a distant district hospital.

43. (B) Performing brain surgery in emergency cases
The auxiliary nurse midwife is trained to provide essential primary care, including the registration of pregnancies and organizing community health days. She also maintains vital records of births and deaths within her jurisdiction. However,

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61. (A) Implementing health programs at grassroots level
The sub-centre is the primary unit responsible for implementing national health programs at the grassroots level. It ensures that services like immunization, family planning, and maternal care reach individual households. By operating at the most peripheral point of the health system, the sub-centre plays a critical role in disease prevention and health promotion within small village clusters across the country.

62. (C) Serving between CHC and DH
Sub-district or taluka hospitals occupy a unique position in the healthcare hierarchy, serving a population size that falls between a community health centre and a full district hospital. These facilities are designed to provide specialized secondary care to a sub-division, helping to bridge the gap in services. They provide a vital link for referrals from rural areas before patients reach the larger district-level institutions.

63. (D) Doctors are permanently banned from private practice if they work in a PHC.
Governments use various incentives to retain doctors in rural service, such as higher salaries for difficult postings and preferences in postgraduate admissions. While many states restrict private practice for government doctors to ensure they focus on public duties, a permanent ban is not a universal rule applied to all medical officers. Policies regarding private practice vary significantly across different states and administrative frameworks.

64. (C) At least one (MBBS)
According to the Indian Public Health Standards, every primary health centre must have at least one medical officer who holds an MBBS degree. This requirement ensures that a qualified doctor is available to provide clinical consultations and lead the primary healthcare team. The medical officer is essential for diagnosing illnesses, prescribing medications, and overseeing the technical aspects of various national health programs.

65. (A) 2-3-1
The rural health workforce follows a clear hierarchy starting from the community level. The accredited social health activist operates at the village level as a volunteer. Above her, the auxiliary nurse midwife provides professional nursing and midwifery services at the sub-centre. The medical officer occupies the highest clinical and administrative position among these three, providing oversight and specialized medical care at the primary health centre.

66. (D) Providing expanded NCD care
Health and wellness centres are a key component of the strategy to provide comprehensive primary healthcare. Their role is characterized by an expanded scope of services that goes beyond traditional maternal and child health. These centres are specifically tasked with screening, diagnosing, and managing non-communicable diseases like hypertension and diabetes, ensuring that long-term care for these conditions is available within the local community.

67. (A) Excessive workload and large geographical coverage areas.
Auxiliary nurse midwives often face significant challenges due to the large geographical areas they are expected to cover. In many regions, a single worker may be responsible for multiple villages with difficult terrain and limited transport options. This leads to an excessive workload as they must manage home visits, immunization clinics, and administrative record-keeping, often with limited support or resources.

68. (C) Identifying infrastructure and HR gaps
The rural health statistics report is an essential tool for policymakers as it provides a detailed analysis of the current state of health facilities. By comparing actual data with national standards, the report helps identify specific gaps in infrastructure and human resources. This information is vital for planning future investments, allocating budgets, and designing strategies to improve healthcare access in underserved districts.

69. (A) Dermatologist
To function as a first referral unit, a community health centre must prioritize essential specialists who can handle emergencies and basic specialized care. This includes a surgeon, an obstetrician-gynaecologist, and a paediatrician to manage life-saving interventions and childbirth. While a dermatologist provides important specialized

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care, their presence is not mandatory for a facility to meet the criteria for being a first referral unit.

70. (D) It typically has one female (ANM) and one male (MPW) health worker.
The staffing model for a sub-centre is designed to provide balanced health services to the community. It usually consists of at least one female health worker, known as an auxiliary nurse midwife, and one male multi-purpose worker. This team ensures that maternal health needs are met alongside other public health activities such as disease surveillance, sanitation monitoring, and vector control within the village.

71. (B) Providing delivery services with a higher caseload
Primary health centres are categorized into types based on the services they offer. A Type B primary health centre is specifically distinguished by its capacity to handle a higher caseload of institutional deliveries. These facilities are equipped with the necessary staff and equipment to provide round-the-clock delivery services, ensuring that mothers in the surrounding area have access to safe and professional childbirth facilities.

72. (C) Allowing ANMs to perform basic emergency obstetric care
In the context of maternal health, task shifting involves training auxiliary nurse midwives to perform certain life-saving obstetric procedures that were traditionally reserved for doctors. This may include administering specific medications or managing certain complications during labor. By delegating these tasks to trained nursing staff, the health system can provide essential emergency care in remote areas where specialized doctors may not be immediately available.

73. (D) She is a fully qualified medical doctor.
A common misconception about the accredited social health activist is that she holds a professional medical degree. In reality, she is a community health volunteer selected from within the village. While she is trained to provide basic first aid and health education, her role is to facilitate access to the formal health system rather than to act as a qualified medical doctor or surgeon.

74. (A) Adapt to evolving healthcare needs and technology
The Indian Public Health Standards are periodically revised to ensure they remain relevant in a changing healthcare environment. These updates allow the standards to incorporate new medical technologies, address emerging disease patterns, and meet the evolving health needs of the population. By regularly reviewing these norms, the government can maintain high-quality benchmarks that reflect the latest advancements in medical science and public health.

75. (B) Large-scale vacancies of specialists at CHC level
A significant negative finding often highlighted in health data reports is the persistent shortage of specialist doctors in rural settings. Many community health centres lack the required surgeons, physicians, and gynaecologists needed to provide referral care. These large-scale vacancies undermine the effectiveness of the tiered health system, as patients are often unable to receive specialized treatment near their homes, leading to increased health costs.

76. (B) Community Health Centre
Among the primary and secondary levels of rural health facilities, the community health centre is the level where general physicians are officially mandated by staffing norms. While primary health centres are led by medical officers with MBBS degrees, community health centres require a team of specialists, including a physician. This ensures that patients referred from lower levels can receive more specialized diagnostic and medical treatment.

77. (A) Health needs of the urban poor and slum dwellers
Urban health infrastructure is specifically designed to address the unique challenges faced by residents of cities, particularly those living in slums and low-income areas. These populations often face barriers to accessing care due to overcrowding and lack of nearby facilities. The goal of urban health missions is to provide accessible primary healthcare services that cater to the specific health vulnerabilities of these underserved urban communities.

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78. (C) Providing nursing care and assisting in the labor room
The staff nurse plays a fundamental role in the clinical operations of a rural health facility. Her primary duties involve providing direct nursing care to admitted patients, administering prescribed treatments, and maintaining hygiene in wards. Additionally, she is essential in the labor room, where she assists medical officers during deliveries and provides immediate care to both the mother and the newborn during the postpartum period.

79. (D) Their degree completion or PG admission eligibility
To ensure a steady supply of doctors in rural areas, many states have implemented policies requiring medical graduates to complete a period of rural service. This requirement is often a condition for the final award of their medical degree or is linked to their eligibility for admission into postgraduate specialized programs. Such mandates help fill vacancies in remote primary health centres using the existing pool of graduates.

80. (C) Treatment of minor ailments
The sub-centre is designed to provide basic primary care services to the local community. This includes the management and treatment of minor ailments such as fevers, coughs, and skin infections. By handling these common conditions at the most peripheral level, the sub-centre reduces the need for patients to travel to larger facilities for simple health issues, while also providing essential preventive and promotive care.

81. (B) World Health Organization (WHO)
Task shifting is a strategy strongly recommended by the World Health Organization to help countries address critical shortages in the health workforce. By delegating tasks from more specialized to less specialized workers, the organization aims to increase the availability of essential health services globally. This approach is particularly effective in resource-limited settings where the number of doctors and specialists is insufficient to meet the population's needs.

82. (B) District Hospital: 5,000
Population norms for health facilities are strategically set based on the type of center and the difficulty of the terrain. While sub-centres in hilly areas serve three thousand people and primary health centres serve twenty thousand, a district hospital covers a much larger population for the entire district. A norm of five thousand for a district hospital is incorrect as it would be far too small for such a facility.

83. (A) Providing clinical care and team leadership
The medical officer at a primary health centre carries the dual responsibility of providing clinical care and leading the health team. They are responsible for diagnosing and treating patients while also managing the administrative and technical aspects of the facility. As a team leader, they supervise nursing staff and paramedics to ensure that national health programs are implemented effectively within the surrounding community.

84. (C) To promote healthy lifestyles, yoga, and meditation
The wellness component of health and wellness centres is designed to move beyond traditional disease treatment toward holistic health promotion. These facilities incorporate activities such as yoga and meditation to encourage healthy lifestyles among the community. By focusing on wellness, the centres aim to prevent the onset of chronic diseases and improve the overall physical and mental health of the population through proactive health habits.

85. (A) Disparity between existing and required norms
In the context of public health planning, a gap refers to the difference between the current state of infrastructure or staffing and the mandatory standards set by the government. This analysis identifies exactly where new buildings need to be constructed or more health workers need to be hired to meet the Indian Public Health Standards. Identifying these disparities is crucial for effective resource allocation.

86. (D) A Medical Officer, Staff Nurse, and Pharmacist
An urban primary health centre is designed to provide essential clinical services to city populations. The typical staffing pattern for these facilities includes a qualified medical officer, nursing staff, and a pharmacist to manage

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medication dispensing. This team ensures that patients in urban areas, particularly in low-income neighborhoods, have access to basic medical consultations, diagnostic services, and maternal care close to where they live.

87. (B) He focuses on disease control programs like Malaria and TB.
The multi-purpose worker (male) is a key member of the sub-centre team, primarily focusing on public health activities that complement clinical maternal care. His responsibilities often include managing vector control measures for diseases like malaria and supporting the follow-up of tuberculosis patients. By conducting community-wide surveillance and promoting sanitation, he helps control the spread of infectious diseases and improves the overall health environment.

88. (C) Defining guidelines for HR and infrastructure
The purpose of establishing Indian Public Health Standards for district hospitals is to create clear guidelines for their physical infrastructure and human resources. These standards define the required number of beds, specialized departments, and the essential medical equipment needed for secondary level care. By providing these benchmarks, the government ensures that district hospitals across the country maintain a consistent and high quality of healthcare delivery.

89. (D) Providing basic first aid and ORS
The accredited social health activist is trained to handle specific, community-level health tasks that do not require professional medical degrees. Her competency-based duties include providing basic first aid for minor injuries and administering oral rehydration salts to manage dehydration in children. These essential services allow her to provide immediate support to families in the village before they can reach a formal healthcare facility.

90. (A) Primary Health Centre
Within the tiered rural health system, the primary health centre serves as the initial facility where a patient can consult a qualified medical doctor. While sub-centres are staffed by paramedics and nursing workers, primary health centres are led by MBBS medical officers. This makes the primary health centre the first official contact point for patients requiring a clinical diagnosis and medical treatment from a physician.

91. (B) Expanding primary care service packages
The transition of sub-centres into health and wellness centres is intended to significantly expand the scope of primary care services available to the community. Beyond traditional maternal and child health, these centres provide a comprehensive package that includes care for non-communicable diseases, mental health, and oral health. This expansion ensures that a wider variety of health needs can be addressed effectively at the local level.

92. (B) It should have an ANM.
Staffing norms for primary health centres are designed to ensure a balanced medical team. Every primary health centre is required to have an auxiliary nurse midwife to support maternal and child health services. While larger centres may have more diverse staff, the presence of an ANM is a fundamental requirement to ensure that immunizations, prenatal care, and health education are provided consistently to the population.

93. (A) Average salary of software engineers
Rural health statistics reports are dedicated to tracking variables that directly impact the delivery of healthcare services in rural districts. They provide data on the number of facilities, the shortfall of specialists, and the availability of basic amenities like electricity and water. Information unrelated to the health sector, such as the salaries of professionals in other industries, is not included in these specialized public health reports.

94. (C) Because specialists are not available in remote areas
Task shifting to community health workers is primarily driven by the severe shortage of specialized medical professionals in remote and rural areas. Since it is often difficult to recruit and retain doctors in these regions, the system trains local workers to perform essential health tasks. This ensures that underserved populations still receive basic care and diagnostic services, bridging the gap left by the absence of specialists.

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95. (D) 24-hour delivery services
A key service norm for a community health centre is the provision of round-the-clock delivery services. As first referral units, these facilities must be equipped to handle childbirth at any time, including managing basic complications. This twenty-four-hour availability is essential for reducing maternal and neonatal mortality by ensuring that rural women have access to professional care during labor and delivery regardless of the hour.

96. (C) AYUSH doctors help in achieving "Mainstreaming of AYUSH" under NHM
The mainstreaming of AYUSH is a key objective of the National Health Mission, aimed at integrating traditional medicine into the formal healthcare system. AYUSH doctors are recruited to work in primary and community health centres to provide complementary care alongside allopathic services. This integration helps address workforce shortages while giving patients access to a broader range of therapeutic options, including Ayurveda, Yoga, and Homeopathy.

97. (B) Performance-linked incentives
The accredited social health activist is not a permanent salaried employee but is compensated through a system of performance-linked incentives. She receives specific payments for completing various tasks, such as ensuring a child is fully immunized or accompanying a woman for an institutional delivery. This incentive-based model is designed to motivate these volunteers to achieve specific health outcomes and improve service utilization within their communities.

98. (D) Difficult transport and communication
Health workers in hilly and mountainous regions face unique challenges that are not typically found in plain areas. The difficult terrain often results in poor transport links and limited communication infrastructure, making it hard to reach remote households. These geographical barriers can hinder the timely delivery of medical supplies and the referral of emergency cases, complicating the work of health personnel stationed in these regions.

99. (B) One per 1,000 population (in rural areas)
To ensure adequate coverage, the government has established a standard norm for the number of accredited social health activists. In rural areas, the goal is to have one activist for every one thousand people. This ratio ensures that the worker is not overburdened and can maintain close personal contact with all households in her jurisdiction, effectively promoting health messages and facilitating access to services.

100. (C) PHCs have doctors while SCs use paramedics
The fundamental difference between a sub-centre and a primary health centre lies in the type of personnel providing care. A primary health centre is a higher-tier facility staffed by qualified medical doctors who provide clinical consultations. In contrast, sub-centres are smaller, more peripheral units staffed primarily by nursing and paramedical workers, such as auxiliary nurse midwives and multi-purpose workers, focusing on basic primary care.

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CHAPTER 29
Digital and Mobile Health Infrastructure

1. Consider the following statements regarding the scope of Digital Health:
1. It includes the use of information and communication technologies for health.
2. It encompasses categories such as mobile health (mHealth) and health information technology.
3. It excludes wearable devices and telehealth services from its primary definition.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

2. What is the primary objective of the Ayushman Bharat Digital Mission (ABDM) in the Indian healthcare ecosystem?
(A) To provide free health insurance to all citizens
(B) To mandate physical health records in all rural hospitals
(C) To develop a seamless online platform for digital health records
(D) To build physical hospitals in every district

3. Which of the following is correctly paired regarding the components of the Ayushman Bharat Digital Mission?
(A) HPR — A digital directory of all healthcare professionals
(B) ABHA — A physical hospital infrastructure
(C) HFR — A registry of all medical colleges only
(D) UHI — A software for internal hospital accounting

4. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below:
Assertion (A): Telemedicine has significantly expanded the reach of healthcare services in remote areas of India.
Reason (R): The Telemedicine Practice Guidelines 2020 provided a legal framework for registered medical practitioners to provide consultation via digital modes.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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5. Which of the following is an incorrect statement regarding Electronic Health Records (EHR)?
(A) EHR is a digital version of a patient's paper chart.
(B) EHRs are strictly restricted to the hospital where they were created.
(C) EHRs are designed to be shared among different healthcare providers.
(D) EHRs include treatment history and diagnostic reports.

6. A patient in a rural village uses a smartphone app to access a network of various health service providers through a common open protocol. Which concept does this scenario best represent?
(A) Health Management Information System (HMIS)
(B) Nikshay Portal
(C) Unified Health Interface (UHI)
(D) e-RaktKosh

7. Match List I with List II and select the correct option using the codes given below:
List I: (Digital Portal)
P. Nikshay
Q. e-RaktKosh
R. RCH Portal
S. CoWIN
List II: (Primary Function)
1. Tuberculosis management

2. Blood bank management
3. Reproductive child health data
4. Vaccine management

(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

8. How is 'Mobile Health' (mHealth) specifically defined in the context of digital health infrastructure?
(A) Medical practice supported by mobile devices
(B) Use of ambulances equipped with satellite internet
(C) Distribution of physical medicines via mobile pharmacy vans
(D) A system where doctors travel to various patient homes

9. Read the following statements and select the correct option:
Statement I: The CoWIN platform was specifically developed for the digital management of India's COVID-19 vaccination drive.
Statement II: CoWIN handles registration, appointment scheduling, and issuance of digital certificates.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

10. Consider the following statements regarding the eSanjeevani platform:
1. It is the national telemedicine platform of the Ministry of Health and Family Welfare.
2. It operates only in a doctor-to-doctor (HWC-to-hospital) model.
3. It includes an outpatient department (OPD) model for direct patient-to-doctor consultation.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 1, 2 and 3

11. What is the standard number of digits in an Ayushman Bharat Health Account (ABHA) number?
(A) 10 digits
(B) 12 digits
(C) 14 digits
(D) 16 digits

12. Which of the following is correctly paired regarding the Health Facility Registry (HFR)?
(A) Only Private Clinics — Included in HFR
(B) Only Laboratories — Included in HFR
(C) Government Hospitals — Included in HFR
(D) Health Insurance Companies — Included in HFR

13. Which of the following statements regarding the Healthcare Professionals Registry (HPR) is incorrect?
(A) It is a comprehensive repository of all healthcare professionals.
(B) It includes both modern and traditional systems of medicine.
(C) It facilitates the verification of the credentials of doctors.
(D) Registration in HPR is currently mandatory for all Indian citizens.

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14. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below:
Assertion (A): The Integrated Health Information Platform (IHIP) is considered the world's largest digital disease surveillance system.
Reason (R): It provides near real-time data collection and analysis for various epidemic-prone diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

15. According to the Telemedicine Practice Guidelines 2020, which of the following is a permissible mode of communication for telemedicine?

(C) Only apply to government doctors.
(D) They require the doctor to maintain records of the teleconsultation.

49. Read the following statements and select the correct option:
Statement I: eSanjeevani utilizes a browser-based interface for its services.
Statement II: eSanjeevani can be accessed via a mobile application on Android and iOS.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

50. Arrange the following steps of a typical ABDM digital health journey in the correct sequential order:
1. Generation of ABHA number
2. Linking of health records from a hospital
3. Patient providing consent via Consent Manager
4. Doctor viewing the longitudinal health record

(A) 1-2-3-4
(B) 2-1-3-4
(C) 1-3-2-4
(D) 4-3-2-1

51. What does the acronym 'ABHA' stand for in the context of ABDM?
(A) Ayushman Bharat Health Account
(B) Ayushman Bharat Hospital Agency
(C) Allied Bharat Health Association
(D) Advanced Bharat Health Account

52. Which of the following is correctly paired?
(A) Kilkari — National tuberculosis patient tracking
(B) Nikshay — Maternal health automated audio messages
(C) CoWIN — National blood bank management system
(D) Drones — Vaccine delivery in difficult terrain

53. Which of the following is an incorrect statement about the Unified Health Interface (UHI)?
(A) It is part of the ABDM ecosystem.
(B) It is a closed system that only works with one specific mobile app.
(C) It allows for a variety of health services like teleconsultation and booking.
(D) It uses open protocols to ensure interoperability.

54. How is the 'Scope' of Digital Health generally described in modern healthcare?
(A) It is limited specifically to computers used for billing.
(B) It refers exclusively to the use of robotic surgery tools.
(C) It includes diverse technologies like AI and telemedicine.
(D) It is a complete replacement for all human physical doctors.

55. A healthcare administrator uses a system to check the monthly progress of institutional deliveries in a district. Which system are they likely using?
(A) IHIP
(B) CoWIN
(C) e-RaktKosh
(D) HMIS

56. Which of the following is the most appropriate benefit of 'Mobile Health Units' (MHUs) for rural outreach?
(A) Bringing diagnostic services to remote doorstep locations
(B) Significantly reducing the costs of urban hospitals
(C) Providing high-speed 5G internet to rural villagers
(D) Serving as mobile polling booths during local elections

57. Read the following statements and select the correct option:
Statement I: The 2020 Telemedicine Guidelines permit the use of asynchronous (store and forward) communication.
Statement II: Real-time video consultation is the only permitted mode of telemedicine.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.

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24. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below:
Assertion (A): Data privacy is a critical concern in the implementation of the Ayushman Bharat Digital Mission.
Reason (R): Personal health data is sensitive and requires robust protection under frameworks like Personal Data Protection rules.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

25. What is the specific function of the 'Kilkari' mobile health application in India?
(A) It provides advanced surgical training to certified neurosurgeons.
(B) It delivers audio messages on reproductive and child health.
(C) It tracks the real-time GPS location of regional emergency ambulances.
(D) It serves as a centralized online pharmacy for generic medicines.

26. A diagnostic lab uses an algorithm to detect early signs of diabetic retinopathy from retinal images. This is an application of:
(A) Blockchain Technology
(B) Artificial Intelligence (AI)
(C) Quantum Computing
(D) Manual Data Entry

27. Match List I with List II and select the correct option using the codes given below:
List I: (Program)
P. National Digital Health Blueprint
Q. UHI
R. IHIP
S. EHR
List II: (Key Feature)
1. Framework for digital ecosystem
2. Interoperable health services protocol
3. Real-time disease surveillance
4. Digital longitudinal health record
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

28. Which of the following is the most appropriate description of the 'e-RaktKosh' portal?
(A) A digital platform for managing the national pension scheme
(B) A database of all kidney donors in India
(C) A centralized blood bank management system
(D) A tool for monitoring government financial health

29. Read the following statements and select the correct option:
Statement I: The Reproductive Child Health (RCH) portal is used to track the health of mothers and children.
Statement II: RCH data is used to ensure timely immunization and antenatal care.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

30. Consider the following statements regarding Mobile Health Units (MHUs):
1. They are used to provide primary healthcare in underserved rural areas.
2. They are stationary buildings located in district headquarters.
3. They often bridge the gap between fixed facilities and remote populations.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1 and 3 only
(C) 2 and 3 only
(D) 1, 2 and 3

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31. In the context of India's future roadmap for digital health, what does 'Digital Health Equity' refer to?
(A) Ensuring all citizens pay the same subscription for health apps
(B) Ensuring digital health benefits reach everyone across social strata
(C) Providing digital health services exclusively

(A) Video and Audio only
(B) Video, Audio, and Text-based messaging
(C) Only face-to-face digital meetings
(D) Only government-approved satellite links

16. Which technology is primarily being utilized to overcome the challenge of medicine delivery in difficult-to-reach tribal terrains in India?
(A) High-speed railway
(B) Submarine cables
(C) All-terrain tanks
(D) Automated drones

17. Match List I with List II and select the correct option using the codes given below:
List I: (mHealth Tool)
P. Kilkari
Q. Mobile Academy
R. eSanjeevani OPD
S. Nikshay
List II: (Target Audience)
1. Pregnant women and mothers
2. ASHA workers
3. General public/Patients
4. TB Patients
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

18. In the eSanjeevani 'HWC-to-hospital' model, who typically initiates the consultation?
(A) A patient seeking specialist advice from their residential home
(B) A specialist doctor reviewing cases from a secondary hospital
(C) The Community Health Officer at a Health and Wellness Centre
(D) A District Magistrate overseeing regional healthcare operations

19. Read the following statements and select the correct option:
Statement I: The Utilization data of eSanjeevani reflects a significant reach in rural and semi-urban areas.
Statement II: eSanjeevani has recorded millions of teleconsultations since its inception.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

20. Consider the following statements regarding the National Digital Health Blueprint (NDHB):
1. It provides a framework for the implementation of digital health in India.
2. It focuses on the creation of a "Federated Architecture" for health data.
3. It mandates that all health data must be stored on a single centralized government server.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

21. What is the primary role of the Health Management Information System (HMIS) in India?
(A) To provide direct specialized clinical treatment to patients
(B) To monitor health programs through structured data reporting
(C) To act as a secure professional social media platform for doctors
(D) To manage the monthly salaries of all private hospital staff

22. Which of the following is correctly paired regarding TB management?
(A) CoWIN — A platform for real-time TB medication tracking
(B) RCH — A digital diagnostic tool for maternal TB cases
(C) Nikshay — Patient management and notification
(D) e-RaktKosh — A laboratory portal for TB blood testing

23. Which of the following is a negative aspect/limitation commonly associated with the "Rural Digital Divide" in digital health?
(A) Excessive internet speed in villages
(B) High digital literacy among all elderly rural residents
(C) Too many doctors available for teleconsultation
(D) Lack of smartphone penetration and stable

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(D) Neither statement is correct.

40. Consider the following statements about the 'eSanjeevani-HWC' model:
1. It connects Health and Wellness Centres (HWCs) to specialist doctors at Hubs.
2. It follows a 'Hub and Spoke' configuration.
3. It is designed to provide specialist consultation to rural populations at their doorstep centres.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2 and 3 only
(C) 1 and 3 only
(D) 1, 2 and 3

41. Which term describes the digital version of a patient's health records that is intended to be longitudinal and accessible across different providers?
(A) Standardized paper-based medical record
(B) Electronic Health Record (EHR)
(C) Temporary clinical health summary memo
(D) Individual single-visit payment receipt

42. Which of the following is correctly paired regarding the 'Nikshay' portal?
(A) Blood Bank — Regional stock availability tracking
(B) TB — Management and Treatment tracking
(C) COVID — National mass vaccination tracking
(D) Pregnancy — Institutional delivery tracking

43. Which of the following is NOT an objective of the Ayushman Bharat Digital Mission?
(A) Nationalization of all private pharmaceutical companies
(B) The technical interoperability of patient health data
(C) The creation of a universal health ID for every citizen
(D) Creation of registries for health facilities and practitioners

44. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below:
Assertion (A): The ABDM promotes the "Consent Manager" model for health data sharing.
Reason (R): It ensures that a patient's health data is shared between providers only after the patient's explicit consent.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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45. What is the primary focus of the 'RCH Portal' in the context of Indian health infrastructure?
(A) Roads and City Health
(B) Rural Cancer Help
(C) Regional Clinical Hygiene
(D) Reproductive and Child Health

46. If a researcher wants to analyze real-time trends of an ongoing fever outbreak across multiple states, which platform is most suitable?
(A) eSanjeevani
(B) CoWIN
(C) IHIP
(D) e-RaktKosh

47. Match List I with List II and select the correct option using the codes given below:
List I: (Portal/System)
P. HMIS
Q. ABHA
R. HFR
S. HPR
List II: (Primary Data Unit)
1. Aggregate facility-based performance data
2. Individual Health ID
3. Medical Institute/Clinic ID
4. Registered Practitioner ID
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-2, R-4, S-1
(D) P-2, Q-1, R-3, S-4

48. Which of the following statements about 'Telemedicine Practice Guidelines 2020' is correct?
(A) They prohibit doctors from prescribing any medicines via teleconsultation.
(B) They allow doctors to use any video-calling app at their discretion for consultation.

to the urban population
(D) Making internet access free for only registered government employees

32. Which of the following is an incorrect pair?
(A) CoWIN — Vaccine tracking
(B) Mobile Academy — Training for ASHA workers
(C) eSanjeevani — Telemedicine
(D) Nikshay — Malaria surveillance

33. Which of the following is NOT a primary component of the Ayushman Bharat Digital Mission?
(A) National Highway Registry
(B) ABHA
(C) Health Facility Registry
(D) Healthcare Professionals Registry

34. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below:
Assertion (A): The National Teleconsultation Service became vital during the COVID-19 lockdowns.
Reason (R): It allowed patients to receive medical advice without visiting hospitals, reducing the risk of viral transmission.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

35. What is the "Mobile Academy" primarily used for in the Indian health system?
(A) To provide audio-based training courses for ASHA workers
(B) To teach school-age children about general health in schools
(C) To train specialist doctors in advanced laparoscopic surgery
(D) To provide official distance education for all MBBS students

36. Which application of AI is most relevant to the future roadmap of Indian digital health for rural areas?
(A) Use of algorithms for high-frequency stock market trading
(B) Use of digital automation for private insurance claims
(C) Social media marketing platforms for large private hospitals
(D) Diagnostic support tools for rural frontline health workers

37. Match List I with List II and select the correct option using the codes given below:
List I: (Registry/Platform)
P. HFR
Q. HPR
R. ABHA
S. UHI
List II: (Description)
1. Registry of medical facilities
2. Registry of doctors and nurses
3. Unique health identity for citizens
4. Open network for digital health services
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

38. Which of the following best defines the 'Federated Architecture' mentioned in the National Digital Health Blueprint?
(A) A model where data is stored in one single central server.
(B) A model where all health data is deleted after every 24 hours.
(C) Data stored at the source and accessed only when needed.
(D) Data available only to the federal government, not the states.

39. Read the following statements and select the correct option:
Statement I: Internet connectivity remains a significant challenge for the implementation of mHealth in tribal areas.
Statement II: Satellite-based connectivity is one of the solutions being explored for digital health in remote regions.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.

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(D) Neither statement is correct.

58. Which entity maintains the 'Healthcare Professionals Registry' (HPR)?
(A) Ministry of Finance
(B) National Health Authority (NHA)
(C) Department of Space
(D) Ministry of External Affairs

59. Which of the following is correctly paired?
(A) IHIP — Integrated Health Information Platform
(B) NHA — National Highway Administrative Authority
(C) HFR — Health Finance and Resource Management
(D) ABHA — Ayushman Bharat Home Assistance Application

60. Which of the following is an incorrect statement about the 'eSanjeevani OPD' model?
(A) It is a patient-to-doctor model.
(B) It can be accessed by a patient from their own home.
(C) It requires a patient to visit a Health and Wellness Centre.
(D) It was widely used during the COVID-19 pandemic.

61. What is the primary purpose of an 'ABHA Address' (e.g., name@abdm)?
(A) To provide a permanent residential address to the patient
(B) To act as a secure password for the hospital's computers
(C) To track the real-time GPS location of individual patients
(D) To serve as an easy alias for the longer ABHA number

62. In a remote tribal village, a drone is used to deliver life-saving snake antivenom. This falls under:
(A) Traditional Medicine
(B) Artificial Intelligence
(C) Digital Health Infrastructure/Innovation
(D) Mobile Academy

63. Which of the following is the best example of 'Competency-based' training in digital health?
(A) CoWIN vaccine registration
(B) Mobile Academy for ASHA workers
(C) Creating an ABHA ID
(D) Searching for a hospital in HFR

64. Read the following statements and select the correct option:
Statement I: The National Digital Health Blueprint aims to create a "Minimum Viable Product" for the digital health ecosystem.
Statement II: NDHB was a foundational document for the launch of ABDM.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

65. What is the core definition of 'Telemedicine' according to standardized guidelines?
(A) Healthcare delivery via ICT where distance is a factor
(B) Distribution of medicines through various television ads
(C) Physical transport of patients to far-off district hospitals
(D) The exclusive use of robots for all major surgical repairs

66. Which of the following is correctly paired regarding telemedicine protocols?
(A) Follow-up — Only allowed through a mandatory physical visit
(B) Emergency — Primary mode used for all major internal surgeries
(C) First Consult — Direct interaction between doctor and patient
(D) Prescription — Prohibited in all telemedicine consultations

67. Which of the following is NOT a challenge to digital health equity in India?
(A) High availability of ultra-low-cost smartphones for all
(B) Relatively low digital literacy among the elderly population
(C) Lack of stable electricity in some remote geographic areas
(D) Language barriers found in the various software interfaces

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68. What is the significance of 'Interoperability' in the context of ABDM?
(A) It ensures all doctors use the same brand of computer hardware.
(B) It means all patients must visit the same district hospital.
(C) It mandates that all health data be printed on physical paper.
(D) It allows different health systems to share data securely.

69. A doctor uses a digital platform to look up the credentials and registration status of a consultant from another state. Which ABDM component are they using?
(A) ABHA
(B) HPR
(C) HFR
(D) UHI

70. Which of the following is the best description of 'mHealth applications' in India?
(A) Software used only by the central Ministry of Electronics
(B) Video games developed for individual fitness tracking only
(C) Mobile apps that facilitate various health-related services
(D) Specialized hardware used to manufacture mobile smart phones

71. Read the following statements and select the correct option:
Statement I: Data privacy in digital health is protected by ensuring that data is encrypted during transit.
Statement II: The patient has no control over who views their digital health records in the ABDM.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

72. Who is the primary beneficiary of the 'Mobile Academy' training tool?
(A) Accredited Social Health Activists (ASHAs)
(B) Specialist Doctors
(C) Hospital Administrators
(D) Software Developers

73. Which of the following is correctly paired?
(A) RCH — Rural Cancer Hospital
(B) e-RaktKosh — Blood donor and stock management
(C) EHR — Emergency Health Resource
(D) NDHB — National District Health Board

74. Which of the following is an incorrect statement about the CoWIN platform?
(A) It provides a verifiable digital certificate after vaccination.
(B) It is used for booking railway tickets for medical emergencies.
(C) It was used to manage a very large-scale vaccination drive.
(D) It allowed for the real-time tracking of various vaccine stocks.

75. What is the specific purpose of the Integrated Health Information Platform (IHIP)?
(A) To strengthen disease surveillance through digital systems
(B) To provide comprehensive health insurance to the poor
(C) To manage the monthly payroll of all government doctors
(D) To create a comprehensive registry of national blood banks

76. Which of the following is a concept application of 'AI in diagnostics' mentioned in health trends?
(A) Booking a doctor's appointment
(B) Moving patients from one ward to another
(C) Automated analysis of X-rays to detect pneumonia
(D) Printing hospital bills

77. Which of the following is the most appropriate reason for implementing 'Digital Health' in India?
(A) To eliminate the need for physical doctors in clinical settings
(B) To ensure every individual citizen owns a personal smartphone
(C) To reduce the total number of physical hospitals in the country
(D) To make healthcare more accessible, affordable, and efficient

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78. Read the following statements and select the correct option:
Statement I: The Health Facility Registry (HFR) includes both public and private healthcare facilities.
Statement II: Registration in HFR allows facilities to be part of the ABDM ecosystem.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

79. What does the 'R' in the RCH portal stand for?
(A) Regional
(B) Reproductive
(C) Rural
(D) Research

80. Which of the following is correctly paired?
(A) HMIS — Patient health ID
(B) ABHA — Disease surveillance
(C) IHIP — Blood bank management
(D) EHR — Longitudinal record

81. Which of the following is an incorrect statement regarding 'Electronic Health Records'?
(A) They improve quality of care by providing a full patient history.
(B) They support clinical decision-making for various practitioners.
(C) They are exclusively owned and accessed only by the government.
(D) They reduce the need for repeating any previous diagnostic tests.

82. What is 'Digital Health' according to its scope?
(A) Only the use of telemedicine
(B) Only the use of health ID
(C) The convergence of digital technologies with health and healthcare
(D) A system where all medicines are digital

83. In the context of the COVID-19 pandemic, how did 'National Teleconsultation Services' help?
(A) By enabling home-based care and reducing hospital load
(B) By providing free nutritional food to all infected patients
(C) By delivering oxygen cylinders via specialized drones only
(D) By tracking the real-time GPS of every single infected person

84. Which of the following is the most appropriate description of 'Kilkari'?
(A) A mobile app for doctors
(B) A system for tracking TB patients
(C) A blood bank management software
(D) An outbound dialling (OBD) based mobile health service for maternal health

85. Read the following statements and select the correct option:
Statement I: Artificial Intelligence can help in predicting disease outbreaks by analyzing IHIP data.
Statement II: AI is intended to replace the human judgment of doctors.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

86. What is the primary role of the 'Health Facility Registry' (HFR)?
(A) To list all medical shops in India
(B) To track the attendance of nurses
(C) To serve as a single source of truth for all health facilities in the country
(D) To provide insurance to hospitals

87. Which of the following is correctly paired?
(A) CoWIN — TB management
(B) Nikshay — Maternal health training
(C) HMIS — Individual health records
(D) UHI — Open protocols for digital health

88. Which of the following is an incorrect statement about the 'Future Roadmap' of digital health in India?
(A) It focuses on achieving Universal Health Coverage through digital means.
(B) It aims to bridge the digital divide between rural and urban areas.
(C) It emphasizes the use of emerging technologies like AI and drones.
(D) It plans to store all medical data in a physical central library in Delhi.

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17. (B) P-1, Q-2, R-3, S-4
India has implemented various mobile health tools tailored to specific target audiences. Kilkari delivers automated audio messages to pregnant women and new mothers regarding maternal and child health. Mobile Academy provides specialized audio-based training courses for frontline ASHA workers. The eSanjeevani platform offers teleconsultations to the general public and patients, while Nikshay is a management tool for tracking and supporting TB patients.

18. (C) The Community Health Officer at a Health and Wellness Centre
In the institutional model of national telemedicine, the consultation process is typically initiated by a health worker at a local facility. The Community Health Officer at a Health and Wellness Centre records the patient's vitals and symptoms before connecting with a specialist doctor at a higher-level hospital. This allows rural patients to receive specialist advice without the need for expensive and time-consuming travel.

19. (C) Both statements are correct.
The national telemedicine platform has demonstrated remarkable success in reaching populations in rural and semi-urban areas where access to specialists is often limited. Since its inception, the system has recorded millions of teleconsultations, indicating a high level of acceptance and utilization by the public. This massive volume of data reflects the platform's significant role in bridging the healthcare divide across different regions.

20. (A) 1 and 2 only
The National Digital Health Blueprint establishes a strategic framework for developing a digital health ecosystem in the country. It introduces the concept of a federated architecture, where health data is stored at the source of its creation, such as a hospital, rather than in a single centralized government server. This approach ensures data privacy and security while allowing authorized access when needed for patient care.

21. (B) To monitor health programs through structured data reporting
The Health Management Information System is a vital tool for monitoring the performance of various national health programs. It involves the routine collection and reporting of aggregated data from health facilities across all levels of the healthcare system. This data includes information on maternal health, immunization, and disease control programs, which helps administrators track progress and identify areas that require intervention.

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22. (C) Nikshay — Patient management and notification
Nikshay is a specialized web-based platform used by the national tuberculosis elimination program for the management and notification of TB cases. It allows healthcare providers to register patients, track their treatment progress, and monitor adherence to medication. The system also facilitates the delivery of direct benefit transfers to patients for nutritional support, making it a comprehensive tool for TB control and elimination.

23. (D) Lack of smartphone penetration and stable connectivity
The rural digital divide presents a significant challenge to the widespread adoption of digital health services. This divide is characterized by limited access to smartphones and the lack of reliable, high-speed internet connectivity in many remote areas. Without these essential technological components, residents in rural villages find it difficult to use mobile health applications or participate in real-time video teleconsultations with specialist doctors.

24. (A) Both A and R are true and R is the correct explanation of A.
Ensuring data privacy is a fundamental requirement for the success of any digital health initiative, as personal health information is highly sensitive. The mission incorporates robust data protection frameworks to safeguard this information against unauthorized access and misuse. These protections are essential for building public trust and ensuring that patients feel secure when their medical records are digitized and shared among providers.

25. (B) It delivers audio messages on reproductive and child health.
Kilkari is a mobile-based health service that provides crucial information to pregnant women

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(A) Delivery — Outbound Dialling (OBD)
(B) Audience — Surgeons
(C) Content — Space science
(D) Mode — Physical books

100. Which of the following is an incorrect statement about the 'National Digital Health Blueprint'?
(A) It emphasizes "Privacy by Design".
(B) It suggests the creation of a "National Digital Health Ecosystem".
(C) It highlights the need for standards and interoperability.
(D) It recommends that all digital health services be provided only by the central government.

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89. What is the 'ABHA' number's primary function?
(A) To be used as a specialized credit card for health expenses
(B) To uniquely identify a citizen across the health ecosystem
(C) To replace the Aadhaar card for all official public purposes
(D) To track the person's daily internet and social media usage

90. Arrange the following in the correct sequential order of the 'eSanjeevani-HWC' flow:
1. Patient arrives at Health and Wellness Centre (HWC)
2. CHO records patient vitals and symptoms
3. CHO connects with a specialist doctor via video call
4. Specialist provides e-prescription

(A) 1-2-3-4
(B) 2-1-3-4
(C) 1-3-2-4
(D) 4-3-2-1

91. Which of the following is a key feature of 'eSanjeevani'?
(A) It is a free-of-cost service for patients.
(B) It is only available for private practitioners.
(C) It requires a physical presence of the specialist in the village.
(D) It only works on 5G networks.

92. Which of the following is correctly paired?
(A) e-RaktKosh — Vaccine tracking
(B) Mobile Academy — TB patients
(C) IHIP — Epidemic-prone diseases
(D) Nikshay — ASHA training

93. Which of the following is an incorrect statement regarding 'Digital Health Equity'?
(A) It involves making digital health tools available in local languages.
(B) It involves making software interfaces simple for low-literacy users.
(C) It aims to reduce the gap in health outcomes caused by the digital divide.
(D) It means everyone must use the same model of smartphone.

94. What is 'mHealth' in the context of Indian rural outreach?
(A) Moving hospitals from one city to another
(B) Selling mobile phones in hospitals
(C) Using mobile phones for health education and services
(D) Using mobile phones to watch movies during surgery

95. A community health worker uses a smartphone to complete a training course on maternal health through an IVR system. Which tool is being used?
(A) CoWIN
(B) Mobile Academy
(C) IHIP
(D) HMIS

96. Which of the following is the most appropriate definition of 'Electronic Health Records' (EHR) as per ABDM?
(A) A scanned digital copy of a physical medical prescription
(B) An official email sent by a doctor to a specific patient
(C) A high-resolution photograph of a standard medicine bottle
(D) A longitudinal digital record of a patient's health information

97. Read the following statements and select the correct option:
Statement I: The Unified Health Interface (UHI) will allow a patient to book a lab test from multiple providers through a single app.
Statement II: UHI is restricted to government laboratories only.
(A) Statement I is correct but Statement II is incorrect.
(B) Statement II is correct but Statement I is incorrect.
(C) Both statements are correct.
(D) Neither statement is correct.

98. Which portal is specifically used for TB patient management under the National TB Elimination Program?
(A) Nikshay-II
(B) RCH
(C) Nikshay
(D) e-RaktKosh

99. Which of the following is correctly paired regarding 'Kilkari'?

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underserved populations where traditional healthcare infrastructure might be limited or difficult.

9. (C) Both statements are correct.
The CoWIN platform was developed as a digital backbone to manage the complex logistics of a massive vaccination campaign. It effectively handled high volumes of user registrations, automated the scheduling of appointments, and provided a verifiable digital certificate upon successful vaccination. This end-to-end digital solution ensured transparency, efficiency, and real-time tracking of the vaccination drive across the entire country for all citizens.

10. (B) 1 and 3 only
The national telemedicine platform provides comprehensive consultation services through two distinct models. The first connects health workers at primary centres with specialists at hospitals, while the second allows citizens to consult doctors directly from their homes via an outpatient department model. Both models aim to improve healthcare accessibility by utilizing information and communication technology to overcome geographical barriers and reduce hospital visits.

11. (C) 14 digits
The Ayushman Bharat Health Account number is a unique fourteen-digit identification number assigned to citizens. It serves as a foundational element of the digital health ecosystem, enabling the seamless identification of individuals across different healthcare providers. This unique number allows for the secure linking of a patient's health records from various hospitals and clinics into a single, longitudinal digital health history.

12. (C) Government hospitals — Included in HFR
The Health Facility Registry is a centralized database that lists all medical facilities across the country, including both public and private institutions. Government hospitals are a primary component of this registry, as are private clinics, laboratories, and diagnostic centres. By providing a single source of truth for all health facilities, the registry enables better planning, resource allocation, and service discovery for citizens.

13. (D) Registration in HPR is currently mandatory for all Indian citizens.
The Healthcare Professionals Registry is designed to be a comprehensive repository of verified healthcare practitioners, including doctors, nurses, and other medical staff. It covers professionals from both modern medicine and traditional Indian systems, facilitating the verification of their credentials by patients and employers. This registry enhances transparency and helps eliminate unqualified practitioners from the healthcare system by providing a verified professional profile.

14. (A) Both A and R are true and R is the correct explanation of A.
The Integrated Health Information Platform is a sophisticated digital system designed for near real-time surveillance of epidemic-prone diseases. By collecting data from multiple sources across the country, it allows for the early detection of disease outbreaks and rapid public health responses. This capability makes it the world's largest digital disease surveillance system, significantly improving the nation's ability to manage health emergencies.

15. (B) Video, Audio, and Text-based messaging
The 2020 guidelines for telemedicine practice specify that various modes of digital communication are permissible for consultations. These include real-time video calls, audio interactions via telephone, and text-based messaging services through mobile applications or specialized platforms. This variety of modes ensures that telemedicine can be practiced even in areas with limited internet bandwidth, where high-quality video might not always be feasible.

16. (D) Automated drones
Automated drones are increasingly utilized to transport essential medical supplies, such as vaccines and emergency medicines, to remote and difficult terrains. These unmanned aerial vehicles can bypass geographic barriers like mountains and rivers that often hinder traditional transport methods. By significantly reducing delivery times, drones play a critical role in ensuring that life-saving healthcare reach tribal and underserved populations during emergencies.

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part of this mission, as it pertains to transport infrastructure rather than healthcare services or digital medical records management.

34. (A) Both A and R are true and R is the correct explanation of A.
National teleconsultation services became an essential lifeline during the pandemic lockdowns when physical movement was severely restricted. By enabling patients to receive medical advice and prescriptions through digital platforms, these services ensured the continuity of care while minimizing the need to visit overcrowded hospitals. This effectively reduced the risk of viral transmission for both patients and healthcare workers in clinical settings.

35. (A) To provide audio-based training courses for ASHA workers
Mobile Academy is an innovative audio-based training platform designed to enhance the skills and knowledge of ASHA workers. It offers specialized courses on maternal and child health that can be accessed through any mobile phone using a simple call. This tool is particularly effective because it allows frontline workers to learn at their own pace and convenience without needing to travel for physical training sessions.

36. (D) Diagnostic support tools for rural frontline health workers
Artificial intelligence can significantly enhance healthcare in rural areas by providing diagnostic support tools for frontline workers who may have limited specialized training. For example, AI-powered applications can help analyze skin lesions or interpret basic diagnostic tests, guiding health workers toward the correct diagnosis and treatment plan. This technology acts as a bridge, bringing high-level medical expertise to the local level where it is most needed.

37. (A) P-1, Q-2, R-3, S-4
The digital health ecosystem is built on various registries and platforms that serve distinct but interconnected purposes. The Health Facility Registry provides a verified list of all medical facilities, while the Healthcare Professionals Registry identifies doctors and nurses. Individual citizens are uniquely identified through their Health Account, and the Unified Health Interface facilitates an open network for accessing a variety of digital health services seamlessly.

38. (C) Data stored at the source and accessed only when needed.
Federated Architecture is a decentralized data management model where health records are stored at the original source of their creation, such as a hospital or a diagnostic laboratory. Instead of being uploaded to a central government server, the data remains with the provider and is only accessed by others with the patient's explicit consent. This model enhances data security and respects the privacy of individuals.

39. (C) Both statements are correct.
Internet connectivity remains a major hurdle for the effective implementation of mobile health services in remote and tribal regions. Many of these areas lack the necessary terrestrial infrastructure for stable high-speed data transmission. To address this challenge, the government is exploring alternative technologies, including satellite-based connectivity, to provide reliable internet access for teleconsultations and digital record management in the most difficult-to-reach parts of the country.

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40. (D) 1, 2 and 3
The institutional model of telemedicine connects local health centres with specialist doctors at larger hospitals using a hub-and-spoke configuration. This system is specifically designed to bring expert medical consultations to the doorsteps of rural populations, reducing their need for travel. By allowing community health officers to consult with specialists via video call, the model ensures that patients receive high-quality care within their own communities.

41. (B) Electronic Health Record (EHR)
An Electronic Health Record is a longitudinal digital record of a patient's health information generated by one or more encounters in any care delivery setting. Unlike a simple digital copy of a paper chart, it is designed to be shared across different healthcare providers and organizations. It includes a comprehensive history of treatments, diagnostic reports, and medical observations, providing a complete picture of the patient's health over time.

and mothers through automated audio messages. These messages are timed to the stage of pregnancy or the child's age, covering topics like nutrition, immunization, and maternal care. By using outbound dialing technology, the service reaches users on any type of mobile phone, requiring no internet connection or specialized smartphone applications.

26. (B) Artificial Intelligence (AI)
The use of algorithms to analyze medical images, such as retinal photographs for detecting diabetic retinopathy, is a primary application of artificial intelligence in healthcare. These AI systems can identify subtle patterns and early signs of disease that might be missed during manual examination. This technology enhances diagnostic accuracy and allows for the screening of large populations more efficiently than traditional human-led methods alone.

27. (A) P-1, Q-2, R-3, S-4
India's digital health strategy involves multiple platforms with distinct functions that work together to create an integrated ecosystem. The National Digital Health Blueprint provides the overarching framework for this ecosystem, while the Unified Health Interface offers the open protocols necessary for interoperable services. Disease surveillance is handled in real-time by IHIP, and Electronic Health Records provide a longitudinal digital history of a patient's medical journey.

28. (C) A centralized blood bank management system
The e-RaktKosh portal is a comprehensive digital platform designed to manage the national network of blood banks. It provides real-time information on blood stock availability across various hospitals and donation centres, allowing for more efficient blood distribution and management. The system also tracks blood donation history and ensures that the blood supply meets required safety and quality standards throughout the country.

29. (C) Both statements are correct.
The Reproductive Child Health portal is a specialized digital system used to monitor the health and medical services provided to mothers and children. It tracks individual beneficiaries through their pregnancy and childhood to ensure they receive essential services like antenatal checkups and timely immunizations. This detailed tracking helps health workers identify those who might miss appointments and ensures no one is left behind.

30. (B) 1 and 3 only
Mobile Health Units are specially equipped vehicles designed to bring primary healthcare services directly to underserved and remote populations. These units are mobile by nature and do not remain stationary in district headquarters; instead, they travel to various villages to provide diagnostic tests and basic medical treatments. They play a crucial role in bridging the gap between fixed medical facilities and the people living in distant areas.

31. (B) Ensuring digital health benefits reach everyone across social strata
Digital health equity refers to the principle of ensuring that the benefits of digital health innovations are accessible to all individuals, regardless of their socio-economic status or geographic location. This involves addressing the digital divide by providing tools in multiple languages, making software easy to use, and ensuring that services are affordable. The goal is to prevent technology from creating new disparities in health outcomes.

32. (D) Nikshay — Malaria surveillance
Nikshay is a specialized digital platform dedicated to the management and tracking of tuberculosis patients under the national elimination program. It is not used for malaria surveillance, which is handled by different reporting systems. The portal facilitates the notification of TB cases, monitors treatment adherence, and manages financial incentives for patients. Other systems like CoWIN and eSanjeevani are correctly paired with their respective vaccination and telemedicine functions.

33. (A) National Highway Registry
The Ayushman Bharat Digital Mission comprises several key digital components designed to create an integrated health ecosystem. These include the Health Account for citizens, the Health Facility Registry for medical institutions, and the Healthcare Professionals Registry for practitioners. A National Highway Registry is not

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ANSWERS

1. (A) 1 and 2 only
Digital health encompasses the strategic use of information and communication technologies to support health and health-related fields. This broad scope includes mobile health applications, health information technology, and electronic medical records. Furthermore, it integrates advanced tools like wearable devices, telehealth services, and personalized medicine to improve clinical outcomes and health system efficiency across diverse populations.

2. (C) To develop a seamless online platform for digital health records
The mission focuses on creating a robust digital healthcare infrastructure for the country. It aims to develop an integrated online platform that facilitates the seamless sharing and management of digital health records among various stakeholders. This initiative enhances healthcare accessibility and quality by ensuring that clinical information is easily available to providers and patients through a secure digital ecosystem.

3. (A) HPR — A digital directory of all healthcare professionals
The Healthcare Professionals Registry serves as a comprehensive and verified digital directory containing details of all healthcare professionals across various systems of medicine. It ensures that patients and other stakeholders have access to verified information about the qualifications and registration status of practitioners. This component is vital for building trust and accountability within the national digital health ecosystem.

4. (A) Both A and R are true and R is the correct explanation of A.
Telemedicine has bridged the geographical gap in healthcare delivery by allowing patients in remote regions to access specialist consultations via digital platforms. The introduction of the Telemedicine Practice Guidelines in 2020 provided the necessary legal and professional framework for this expansion. These guidelines empowered registered medical practitioners to offer services through various communication modes, ensuring legal security and standardized care.

5. (B) EHRs are strictly restricted to the hospital where they were created.
Electronic Health Records are designed to be much more than a digital version of a patient's chart. A key feature of these records is their interoperability, which allows them to be shared securely among different healthcare providers and organizations. This ensure that a patient's longitudinal health information follows them across various points of care, regardless of the specific medical facility.

6. (C) Unified Health Interface (UHI)
The Unified Health Interface is an open network of protocols that enables various digital health services to interact seamlessly. It allows patients to use a single application to discover and access services from multiple providers, such as booking appointments or teleconsultations. This creates a decentralized ecosystem where different software platforms can communicate, similar to how digital payment interfaces function in finance.

7. (A) P-1, Q-2, R-3, S-4
India utilizes specialized digital portals to manage different aspects of its public health programs efficiently. Nikshay is dedicated to the notification and management of tuberculosis patients, while e-RaktKosh streamlines blood bank operations and stock tracking. The RCH portal monitors reproductive and child health data to ensure proper care for mothers and infants, and CoWIN manages the national vaccination infrastructure.

8. (A) Medical practice supported by mobile devices
Mobile Health involves the use of mobile communication devices, such as smartphones, tablets, and personal digital assistants, to support medical and public health practices. It leverages the portability and widespread reach of mobile technology to deliver health information, monitor patients remotely, and facilitate consultations. This approach is particularly effective in reaching

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42. (B) TB — Management and Treatment tracking
Nikshay is the primary digital platform used for the management and treatment tracking of tuberculosis patients within the national health system. It provides a comprehensive set of tools for healthcare workers to notify new cases, monitor patient adherence to medication, and track treatment outcomes. The system also supports the disbursement of financial assistance to patients, ensuring they have the necessary resources to complete their long-term treatment successfully.

43. (A) Nationalization of all private pharmaceutical companies
The Ayushman Bharat Digital Mission aims to create an integrated digital health infrastructure to improve the accessibility and efficiency of healthcare services. Its primary objectives include the creation of a universal health ID for every citizen, the establishment of verified registries for facilities and professionals, and ensuring the technical interoperability of health data. It does not involve the nationalization of private companies, as it focuses on digital infrastructure and data standards.

44. (A) Both A and R are true and R is the correct explanation of A.
The mission utilizes a consent manager model to ensure that a patient's health data is shared only with their explicit permission. This model places the individual in control of their own medical information, allowing them to choose which providers can view their records and for how long. This approach is essential for maintaining patient privacy and building trust in the digital health ecosystem, as health data is considered highly sensitive.

45. (D) Reproductive and Child Health
The RCH portal is a dedicated digital platform focused on reproductive and child health services across the country. It serves as a tool for tracking the health status and medical interventions for pregnant women and young children. By maintaining individual records, the system ensures that beneficiaries receive essential services like antenatal checkups, safe delivery support, and a complete schedule of immunizations to improve overall health outcomes.

46. (C) IHIP
The Integrated Health Information Platform is the most suitable system for analyzing real-time trends of disease outbreaks across multiple states. It is specifically designed for digital disease surveillance, collecting data on various epidemic-prone diseases from a wide network of reporting units. This allows public health officials to identify clusters of symptoms, such as fever, and respond rapidly to potential outbreaks before they become widespread epidemics.

47. (A) P-1, Q-2, R-3, S-4
The national digital health infrastructure is composed of several systems, each handling a specific type of data unit. HMIS focuses on aggregate facility-based performance data for program monitoring. The Health Account provides a unique ID for individual citizens, while the Health Facility Registry and Healthcare Professionals Registry provide unique IDs for medical institutes and registered practitioners, respectively. This structured approach ensures that all entities are accurately identified.

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48. (D) They require the doctor to maintain records of the teleconsultation.
The 2020 Telemedicine Practice Guidelines mandate that doctors must maintain accurate records of every teleconsultation they perform. This includes keeping a record of the patient's history, the advice provided, and any prescriptions issued during the session. Maintaining these records is essential for ensuring the continuity of care and providing legal protection for both the patient and the medical practitioner in case of any future disputes.

49. (C) Both statements are correct.
The eSanjeevani platform is designed for broad accessibility, offering services through both web-based interfaces and mobile applications. Users can access teleconsultation services using a standard internet browser on a computer or by downloading the dedicated application on their Android or iOS devices. This multi-platform approach ensures that both healthcare providers and patients can use the service on whatever hardware they have available, whether at home or in a clinic.

50. (A) 1-2-3-4
A typical digital health journey begins with the generation of a unique health account number for the citizen. Once this ID is created, the patient can link their existing health records from various hospitals to this account. When seeking care from a new doctor, the patient uses a consent manager to provide permission for their data to be accessed. Finally, the doctor can view the patient's longitudinal health record to inform treatment.

51. (A) Ayushman Bharat Health Account
ABHA stands for the Ayushman Bharat Health Account, which is a core component of the national digital health ecosystem. It provides each citizen with a unique fourteen-digit number that serves as their primary identity for all health-related interactions. This account allows individuals to securely store and share their medical records, such as prescriptions and lab reports, with authorized healthcare providers across the country through a digital platform.

52. (D) Drones — Vaccine delivery in difficult terrain
The use of drones for vaccine delivery is a significant innovation in health logistics, particularly for reaching remote and mountainous areas with poor road connectivity. These automated aerial vehicles can transport vaccines quickly while maintaining the required cold chain, ensuring that the medicine remains effective. This technology helps overcome geographical barriers that often delay or prevent essential immunization services in tribal and difficult-to-reach terrains, significantly improving public health outreach.

53. (B) It is a closed system that only works with one specific mobile app.
The Unified Health Interface is designed as an open network based on common protocols, which means it is not a closed system restricted to a single application. Instead, it allows a variety of different health applications and service providers to interact with each other seamlessly. This interoperability enables patients to use their preferred app to access a wide range of services, such as teleconsultations or laboratory bookings from multiple providers.

54. (C) It includes diverse technologies like AI and telemedicine.
The scope of digital health in modern healthcare is broad and encompasses a wide range of technologies that support and enhance medical services. This includes well-known fields like telemedicine and mobile health, as well as emerging technologies like artificial intelligence for diagnostics and blockchain for secure data management. It also covers health information systems, electronic records, and wearable devices that monitor patient health in real-time to improve clinical outcomes and efficiency.

55. (D) HMIS
A healthcare administrator would use the Health Management Information System to monitor the monthly progress of institutional deliveries and other key health indicators. This system is designed for the routine collection and analysis of aggregated data from various health facilities, providing a clear overview of program performance at the district and state levels. It allows for the identification of trends and areas where public health interventions may need to be strengthened.

56. (A) Bringing diagnostic services to remote doorstep locations
Mobile Health Units provide a vital service by bringing essential primary healthcare and diagnostic facilities directly to the doorsteps of remote and underserved populations. These specially equipped vehicles are staffed with medical professionals and can perform basic tests and treatments in areas where permanent medical facilities are distant or unavailable. This outreach model significantly reduces the barriers to seeking care, such as high travel costs and long distances.

57. (A) Statement I is correct but Statement II is incorrect.
The 2020 Telemedicine Practice Guidelines explicitly permit the use of various communication modes, including asynchronous methods where information is stored and forwarded for review at a later time. This flexibility is essential for consultations that do not require real-time interaction, such as reviewing diagnostic reports or providing follow-up advice via text. Therefore,

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it is incorrect to claim that real-time video is the only permitted mode of teleconsultation in India.

58. (B) National Health Authority (NHA)
The National Health Authority is the primary entity responsible for maintaining and managing the Healthcare Professionals Registry as part of the broader digital health mission. This registry serves as a verified database of all healthcare practitioners across various systems of medicine in India. The authority ensures that the information in the registry is accurate and that the credentials of registered professionals are properly verified, fostering trust in the digital ecosystem.

59. (A) IHIP — Integrated Health Information Platform
The Integrated Health Information Platform is correctly identified as a digital system designed to strengthen disease surveillance through near real-time data collection. It provides a centralized interface for monitoring various epidemic-prone diseases, allowing for early detection and rapid public health response across the country. This platform is a critical component of the national health security infrastructure, helping to manage outbreaks and track the spread of diseases more effectively than traditional methods.

60. (C) It requires a patient to visit a Health and Wellness Centre.
The outpatient department model of national telemedicine is specifically designed as a patient-to-doctor service that can be accessed directly from a person's home. It does not require the patient to travel to a physical health and wellness centre to connect with a doctor. This model allows individuals to use their own smartphones or computers to consult with a medical professional, making healthcare more convenient and reducing the load on hospitals.

61. (D) To serve as an easy alias for the longer ABHA number
An ABHA Address functions as a personalized and easy-to-remember alias for the fourteen-digit unique health account number. Similar to a virtual payment address used in digital finance, it allows patients to share their identity for medical purposes without having to memorize or repeatedly type a long string of numbers. This user-friendly feature simplifies the process of registering at hospitals and consenting to the digital sharing of medical records.

62. (C) Digital Health Infrastructure/Innovation
The delivery of essential medicines like snake antivenom via drones in remote tribal areas is a prime example of digital health innovation and infrastructure development. This application uses modern technology to solve a critical logistical problem, ensuring that life-saving treatments reach patients who are far from traditional medical facilities. This approach moves beyond traditional medical practice by integrating advanced robotics and automated systems into the public health delivery network.

63. (B) Mobile Academy for ASHA workers
Competency-based training focuses on ensuring that workers acquire specific skills and knowledge required for their roles, and Mobile Academy is a perfect example of this in the health sector. It provides ASHA workers with structured audio courses on essential topics like maternal and child health, followed by assessments to confirm their understanding. This ensures that these frontline workers are competent to provide accurate health advice and services in their communities.

64. (C) Both statements are correct.
The National Digital Health Blueprint served as a foundational document that outlined the vision and technical architecture for the country's digital health ecosystem. It proposed the creation of a minimum viable product to demonstrate the feasibility of the system before a full-scale launch. This strategic planning was essential for the subsequent introduction of the national digital health mission, ensuring that the project had a clear roadmap and well-defined technical standards.

65. (A) Healthcare delivery via ICT where distance is a factor
Telemedicine is defined as the delivery of healthcare services by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis and treatment. This is particularly important in situations where distance is a critical factor, preventing patients from accessing medical expertise in person. It

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complete history of a patient's medical journey. This comprehensive view is essential for accurate diagnosis and continuous care, as it includes all past treatments, medications, and diagnostic results.

81. (C) They are exclusively owned and accessed only by the government.
Electronic Health Records are intended to be a shared resource within the healthcare ecosystem and are not exclusively owned or accessed by the government. Instead, these records are owned by the patient and are accessed by various authorized healthcare providers, including both public and private doctors and hospitals, with the patient's explicit consent. This decentralized access is a key feature that allows for a comprehensive and interoperable longitudinal health history for every individual.

82. (C) The convergence of digital technologies with health and healthcare
Digital health is broadly defined as the convergence of digital technologies, such as the internet, mobile devices, and data analytics, with health and healthcare delivery. This field includes everything from mobile health applications and telemedicine to electronic health records and the use of artificial intelligence in diagnostics. The goal is to use these digital tools to improve the efficiency, accessibility, and quality of healthcare services for individuals and populations alike across the entire health system.

83. (A) By enabling home-based care and reducing hospital load
During the pandemic, national teleconsultation services played a vital role by enabling patients to receive medical advice and care from the safety of their homes. This helped minimize the need for people with minor ailments or those needing follow-up care to visit hospitals, which were often overwhelmed with critical cases. By reducing the physical load on hospitals, these digital services helped prevent the further spread of the virus and ensured that medical resources were prioritized correctly.

84. (D) An outbound dialling (OBD) based mobile health service for maternal health
Kilkari is a mobile health service that utilizes outbound dialing technology to deliver automated audio messages directly to the mobile phones of pregnant women and new mothers. These messages provide essential information on maternal and child health, timed to the specific week of pregnancy or the age of the child. By using simple audio calls, the service is accessible on any mobile phone without needing the internet, making it highly effective in rural areas.

85. (A) Statement I is correct but Statement II is incorrect.
Artificial intelligence has the potential to significantly improve public health by analyzing large datasets from systems like IHIP to predict disease outbreaks and trends. This proactive approach allows for faster responses and better planning for health emergencies. However, AI is not intended to replace the human judgment of doctors; rather, it is a tool designed to support them by providing better data, diagnostic insights, and decision-making assistance to improve overall patient care.

86. (C) To serve as a single source of truth for all health facilities in the country
The Health Facility Registry is designed to be a comprehensive and verified database of all medical facilities across India, including government hospitals, private clinics, and diagnostic centres. It provides a unique identification number for each facility, serving as the single source of truth for their existence and qualifications. This registry is essential for the national digital health ecosystem, as it allows patients and other systems to easily identify and interact with legitimate healthcare providers.

87. (D) UHI — Open protocols for digital health
The Unified Health Interface is correctly identified as a set of open protocols designed to enable a variety of digital health services to interact seamlessly. Similar to open systems in finance, it allows different software applications to communicate, giving patients the freedom to use their preferred app to book appointments, access teleconsultations, and manage lab tests from multiple providers. This openness is essential for building a flexible, interoperable, and competitive national digital health ecosystem.

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blood bank operations across the country. It provides a real-time database of blood donors and tracks the availability of blood stocks in various hospitals and donation centres. This system ensures that life-saving blood units are managed efficiently and can be quickly located by healthcare providers and patients during emergencies, making it a critical part of the national health infrastructure.

74. (B) It is used for booking railway tickets for medical emergencies.
The CoWIN platform was specifically designed to manage the national COVID-19 vaccination drive and is not used for booking railway tickets. Its primary functions include beneficiary registration, appointment scheduling, and the real-time tracking of vaccine administration and stocks. One of its most important features is the issuance of verifiable digital vaccination certificates, which provided a secure record of immunization status for millions of people across the country during the health crisis.

75. (A) To strengthen disease surveillance through digital systems
The Integrated Health Information Platform is a sophisticated digital tool designed to strengthen national disease surveillance by collecting and analyzing real-time health data. It allows for the monitoring of various epidemic-prone diseases, enabling public health officials to detect and respond to outbreaks quickly. By replacing slower paper-based reporting with a centralized digital system, the platform significantly improves the country's ability to manage public health threats and ensures a more proactive approach to health security.

76. (C) Automated analysis of X-rays to detect pneumonia
A prominent application of artificial intelligence in healthcare diagnostics is the automated analysis of medical images, such as X-rays, to detect conditions like pneumonia. AI algorithms can be trained to recognize specific patterns in the images with high accuracy, often providing a preliminary diagnosis faster than traditional methods. This technology supports medical professionals by identifying potential issues that require further attention, thereby improving the speed and precision of clinical care in various settings.

77. (D) To make healthcare more accessible, affordable, and efficient
The primary goal of implementing digital health in India is to transform the healthcare system to be more accessible, affordable, and efficient for all citizens. By leveraging technology, the system can overcome geographical barriers through telemedicine and improve clinical outcomes through better data management. Digital tools help reduce the cost of care by preventing the duplication of tests and streamlining administrative processes, making high-quality medical services available to a larger segment of the population.

78. (C) Both statements are correct.
The Health Facility Registry is a comprehensive database that includes both public and private healthcare facilities across the country. By registering in this database, these facilities become an official part of the national digital health mission's ecosystem. This registration provides them with a unique ID, which is necessary for participating in digital record sharing and telemedicine services. Both statements correctly reflect the inclusive and foundational nature of the registry in building a unified health infrastructure.

79. (B) Reproductive
The 'R' in the RCH portal stands for 'Reproductive', highlighting the platform's primary focus on reproductive health services. This portal is part of a larger national initiative to monitor and improve the health of mothers and children throughout the country. It tracks essential services such as antenatal care, safe institutional deliveries, and postnatal support, ensuring that women receive the necessary medical attention during their reproductive journey to improve overall health outcomes for themselves and their infants.

80. (D) EHR — Longitudinal record
An Electronic Health Record is correctly defined as a longitudinal digital record of an individual's health information that spans multiple providers and visits over time. Unlike a single-visit medical report, an EHR is designed to be shared securely across the healthcare ecosystem, providing a

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mobile devices, making it an ideal solution for continuous professional development for frontline workers in rural and remote areas.

96. (D) A longitudinal digital record of a patient's health information
According to the national digital health mission, an Electronic Health Record is defined as a comprehensive longitudinal digital record of an individual's health information. It is not just a single prescription or a photo of a medicine bottle, but a secure and interoperable collection of medical data from multiple healthcare providers over time. This includes treatment history, lab reports, and vaccinations, providing a complete picture of the patient's health to support better clinical decision-making.

97. (A) Statement I is correct but Statement II is incorrect.
The Unified Health Interface is designed as an open network that will allow patients to discover and book a wide range of health services, including lab tests, from multiple different providers through a single application. This interface is not restricted to government laboratories; it is intended to be an inclusive ecosystem that brings together both public and private service providers using common digital standards. This openness promotes competition and provides citizens with more choices and better access to services.

98. (C) Nikshay
Nikshay is the dedicated web-based portal used by the national tuberculosis elimination program for the management and monitoring of TB patients across the country. It serves as a comprehensive system for notifying new cases, tracking treatment adherence, and recording patient outcomes. The portal also facilitates the direct transfer of financial benefits to patients for nutritional support, ensuring that all aspects of TB care and control are managed efficiently within a single digital platform for better results.

99. (A) Delivery — Outbound Dialling (OBD)
Kilkari utilizes outbound dialing technology to deliver automated audio messages directly to the mobile phones of pregnant women and new mothers. This delivery mode ensures that the information is accessible to everyone, even those with basic mobile phones and no internet connection. The messages provide timed health advice on topics like nutrition and immunization, making it a highly effective and inclusive tool for improving maternal and child health outcomes across many states in India.

100. (D) It recommends that all digital health services be provided only by the central government.
The National Digital Health Blueprint recommends the creation of a diverse digital health ecosystem that includes both public and private participants, rather than services being provided only by the central government. It emphasizes the importance of "Privacy by Design" and the establishment of standards and interoperability to ensure that different systems can work together. The blueprint's vision is to create a collaborative environment where various stakeholders can innovate and provide a wide range of services to citizens.

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88. (D) It plans to store all medical data in a physical central library in Delhi.
The future roadmap for digital health in India focuses on creating a modern, decentralized digital ecosystem rather than a physical central library for medical data. The strategy emphasizes the use of emerging technologies like AI, drones, and blockchain to improve healthcare delivery and achieve universal health coverage. It also aims to bridge the digital divide between rural and urban areas by ensuring that digital tools are inclusive and accessible to all citizens across the nation.

89. (B) To uniquely identify a citizen across the health ecosystem
The primary function of the ABHA number is to serve as a unique identifier for every citizen within the national digital health ecosystem. This fourteen-digit number allows for the accurate and secure linking of a patient's medical records, such as lab reports and prescriptions, from different healthcare providers into a single longitudinal history. It ensures that medical data is correctly associated with the right individual, which is essential for safe and effective diagnosis and treatment.

90. (A) 1-2-3-4
In the institutional telemedicine model, the process begins when a patient arrives at a local health and wellness centre. The community health officer then records the patient's vital signs and symptoms in the digital system. Following this, the officer connects with a specialist doctor at a higher-level hub through a video call to discuss the case. Finally, based on the consultation, the specialist provides an electronic prescription for the patient's treatment.

91. (A) It is a free-of-cost service for patients.
A key feature of the national telemedicine platform is that it provides consultation services free of cost to all patients. This ensures that high-quality medical advice and specialist expertise are accessible to everyone, regardless of their financial status. By removing the cost barrier, the system promotes equitable access to healthcare and encourages more people to seek medical advice early, which can prevent the worsening of health conditions and reduce the long-term burden on the system.

92. (C) IHIP — Epidemic-prone diseases
The Integrated Health Information Platform is correctly paired with its primary function of monitoring epidemic-prone diseases across the country. It is a digital surveillance system that collects near real-time data to help public health officials detect and respond to outbreaks quickly. This capability is essential for managing infectious diseases and preventing small clusters of symptoms from becoming large-scale epidemics, thereby ensuring national health security and a more proactive approach to managing various public health threats.

93. (D) It means everyone must use the same model of smartphone.
Digital health equity is focused on ensuring that everyone has fair access to the benefits of technology, but it does not mean that every person must use the same model of smartphone. Instead, it involves making digital tools available in multiple local languages, designing simple and accessible user interfaces, and addressing the infrastructure gaps that cause the digital divide. The goal is to ensure that healthcare technology reduces, rather than increases, disparities in health outcomes for different populations.

94. (C) Using mobile phones for health education and services
In the context of rural outreach, mHealth refers to the use of mobile technology to deliver health education, medical information, and various healthcare services directly to people in remote areas. This includes using mobile phones for teleconsultations, receiving automated health messages, and accessing digital medical records. By leveraging the high penetration of mobile devices, this approach overcomes the lack of traditional healthcare infrastructure and brings medical support directly to the hands of the individuals.

95. (B) Mobile Academy
Mobile Academy is the specific digital tool used by community health workers to complete training courses via their mobile phones using an interactive voice response system. This platform allows workers to access structured audio lessons on important health topics, such as maternal and child care, at their own convenience. It is designed to be accessible on even the simplest

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allows for the remote provision of clinical care, health education, and professional consultation through various digital modes like video, audio, and text.

66. (C) First Consult — Direct interaction between doctor and patient
A first consultation in telemedicine involves the initial direct interaction between a doctor and a patient for a new ailment or after a significant interval. During this interaction, the doctor assesses the patient's condition and provides a diagnosis or medical advice through digital communication modes. This is a primary protocol that allows for early medical intervention without the immediate need for a physical visit, making it a critical entry point for many patients.

67. (A) High availability of ultra-low-cost smartphones for all
Digital health equity is challenged by several factors, including low digital literacy, language barriers in software, and the lack of reliable electricity in remote areas. These issues can prevent certain populations from accessing the benefits of digital health innovations. In contrast, the high availability of ultra-low-cost smartphones would actually be a factor that helps promote digital health equity by making the necessary hardware more accessible to a larger segment of the population.

68. (D) It allows different health systems to share data securely.
Interoperability is a critical feature of the digital health mission that ensures different computer systems and software applications can communicate and exchange data effectively. This allows a patient's medical records from one hospital to be securely shared with another provider when needed, regardless of the specific technology they use. This seamless data exchange is essential for providing continuous and coordinated care, as it gives doctors a complete view of a patient's medical history.

69. (B) HPR
The Healthcare Professionals Registry is a verified digital database that allows anyone to look up the credentials and registration status of healthcare practitioners across the country. It includes detailed information about a doctor's qualifications and their authorization to practice medicine. This registry is a vital tool for verifying the legitimacy of medical professionals, especially when a doctor needs to collaborate with a specialist or a consultant from another state or institution.

70. (C) Mobile apps that facilitate various health-related services
Mobile health applications are software programs designed to run on smartphones and tablets to provide various health-related services and information. In the Indian context, these apps range from simple tools for fitness tracking and health education to complex platforms for teleconsultation and managing digital health records. They leverage the widespread use of mobile devices to make healthcare services more accessible and convenient for the general public, especially in areas with limited infrastructure.

71. (A) Statement I is correct but Statement II is incorrect.
Data privacy in digital health is maintained through technical measures like encryption, which protects information as it is transmitted between systems. This ensures that only authorized parties can read the sensitive medical data. Furthermore, it is incorrect to say patients have no control; the mission is built on a consent-based model where the patient must proactively grant permission for any provider to view their digital records, ensuring they remain in control of their information.

72. (A) Accredited Social Health Activists (ASHAs)
The Mobile Academy is a specialized training tool primarily designed for the benefit of Accredited Social Health Activists who serve as the first point of contact for health in their communities. It offers an audio-based curriculum that these workers can access via their mobile phones to improve their knowledge of maternal and child health. This competency-based training is essential for ensuring that frontline workers are well-equipped to provide accurate and effective health services.

73. (B) e-RaktKosh — Blood donor and stock management
e-RaktKosh is a centralized digital platform designed specifically for the management of

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